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CAL. B.

H. G. Barrows, M. D.

BOSTON.

Engraved by L. E. Jones (Cin^{ti}) from an Ambrotype.

Yours Truly

W. L. Stanton M.D.

dup. 7731.2

TRANSACTIONS

Engraved by L. E. Jones (Cin.ti) from an Ambrotype.

Yours Truly

R. L. Stanton M.D.

dup. 7731.2

TRANSACTIONS

dup. 7731.2

TRANSACTIONS

OF THE

ECLECTIC MEDICAL SOCIETY

OF THE

STATE OF NEW YORK,

For the Year 1866.

ALBANY:
VAN BENTHUYSEN & SONS' STEAM PRINTING HOUSE.
1867.

145,233

ECLECTIC MEDICAL SOCIETY

OF THE

STATE OF NEW YORK.

Organized December 13, 1863.

OFFICERS AND BOARD OF DIRECTORS.

President:
ROBERT S. NEWTON, M. D., New York.

Vice-President:
ELISHA S. PRESTON, M. D., Rochester.

Secretary:
JAMES T. BURDICK, M. D., Brooklyn.

Treasurer:
DENNIS E. SMITH, M. D., Brooklyn.

Corresponding Secretary:
JACOB VAN VALKENBURGH, M. D. Charleston 4 Corners.

Honorary and Corresponding Fellows.

WALTER BURNHAM, M. D., Massachusetts.
JOHN M. SCUDDER, M. D., Ohio.
W. BYRD POWELL, M. D., LL. D., Kentucky.
WM. R. PRINCE, Esq., Flushing, L. I.

NAMES OF MEMBERS

OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, AND WHEN ADMITTED.

Oct'r 13, 1863.	WM. JONES, M. D.	Newburgh, N. Y.
	H. S. FIRTH, M. D	Williamsburgh.
	B. J. STOW, M. D.	Brooklyn.
	D. E. SMITH, M. D	do
	JAMES T. BURDICK, M. D.	do
	WM. W. HADLEY, M. D	Williamsburgh.
	ROBERT S. NEWTON, M. D.	New York.
	JACOB VAN VALKENBURGH, M. D.	Charleston Four Corners.
	L. STANTON, M. D	Copenhagen.
	E. J. MATTOCKS, M. D.	Troy.
	R. H. OWEN, M. D.	Haverstraw.
	R. HAMILTON, M. D	Saratoga Springs.
	C. T. GREENLEAF, M. D.	Brewerton.
	H. RANSOM GRAY, M. D	Schuylerville.
	HARMAN PEASE, M. D.	Schenectady.
	JONAH A. MARTIN, M. D	Troy.
	A. W. RUSSELL, M. D.	Albany.
	H. E. FIRTH, M. D.	Brooklyn.
Jan. 13, 1864.	AMOS STODDARD, M. D.	Naples.
	LEWIS C. SILVERNAIL, M. D.	Harpersfield.
	NOAH S. DEAN, M. D.	Albany.
	THOMAS L. HARRIS, M. D.	Cazenovia.
	WM. D. THAYER, M. D.	New Woodstock.
	A. B. WESTCOTT, M. D.	Little Falls.
	ELISHA S. PRESTON, M. D.	Rochester.
	G. W. TAYLOR, M. D.	Schenectady.
	JOHN B. WHEELER, M. D.	West Fulton.
	J. S. HOLLAND, M. D.	Troy.
	CHAS. K. BROWN, M. D.	Troy.
June 8, 1864.	B. F. ARNOLD, M. D.	Pawlings.
	THOS. R. FRAZER, M. D	New York.
	SAMUEL TUTHILL, M. D.	Poughkeepsie.
	H. M. SWEET, M. D.	New York.
	GEO. NEWBY, M. D	do
	ROBT. L. HAMILTON, M. D.	Jamaica.
	JAMES WILSON, M. D.	Owego.
	P. A. JOHNSON, M. D.	Waverly.
	R. B. GRISWOLD, M. D	Banksville.
	C. W. BATES, M. D.	Brooklyn.
	HENRY HALLEMBAEK, M. D.	Burlington, N. J.
	JOSEPH SITES, M. D	Philadelphia, Penn.
	WM. CLARK, M. D.	do do
	WM. F. SMITH, M. D.	do do
	JOHN BUCHANAN, M. D.	do do
	ORIN DAVIS, M. D.	Attica, N. Y.

Jan. 18, 1865.	P. S. STEARNS, M. D.	Chestertown.
	J. M. HARDING, M. D.	Apalachia.
	THOS. ROBENS, M. D.	Quaker Springs.
	CHAS. BROWER, M. D.	East Avon.
	J. J. SHARP, M. D.	Tuscarora.
	GEO. H. PRESTON, M. D.	Dansville.
	C. S. TOTMAN, M. D.	Syracuse.
	R. P. CRANDALL, M. D	Green.
	J. G. FRASS, M. D.	Syracuse.
	JESSE WATSON, M. D.	Fulton.
	FRANK D. GRIDLEY, M. D.	Whitney's Point.
June 14, 1865.	G. V. ARMINGTON, M. D.	Orleans.
	H. S. DIMOCK, M. D.	Phelps.
	WM. H. HAWLEY, M. D.	Potter Center.
	F. C. HAWLEY, M. D.	Middlesex.
	J. A. HAWLEY, M. D.	Canandaigua.
	D. RICHARDS, M. D.	Marion.
	L. A. WARD, M. D.	Hornellsville.
	HENRY ESTEN, M. D.	Springwater.
	JONA HOWARD, M. D.	Linden.
	JOEL C. HULBERT, M. D.	Livonia.
	SETH EASTON, M. D.	Ontario.
	ROWELL THOMAS, M. D.	Johnson's Creek.
	M. M. FENNER, M. D.	Jamestown.
	C. L. HARDING, M. D.	Nunda.
	B. P. BACKUS, M. D.	Little Falls.
	JAMES PENNOYER, M. D.	Brooklyn.
June 13, 1866.	HERMAN BOSKOWITZ, M. D.	do
	A. P. PARSONS, M. D.	Forrestville.
	L. H. BONE, M. D.	New York.
	DANIEL A. CHASE, M. D.	Cambridge.
	JAMES C. HUMPHREY, M. D	Little Falls.
	WALTER D. JONES, M. D.	Newburgh.
	ALVIN R. EDSON, M. D.	Greenwich.
	H. C. TAYLOR, M. D.	Brocton.
	D. WILCOCKS, M. D.	Brooklyn.
	H. C. GAZLAY, M. D.	Cortland.
	G. E. LAWRENCE, M. D	Smyrna.
	M. HERMANCE, M. D.	Brooklyn.
	E. H. SANDS, M. D.	Brooklyn, E. D.
	LUMAN B. HOAG, M. D.	Brewsters.
	THOS. D. WORRALL, M. D.	New York.
	EDWIN FREEMAN, M. D.	do
	A. B. WHITNEY, M. D	do

Honorary and Corresponding Members.

June 8, 1864.	WM. BYRD POWELL, M. D., LL. D.	Kentucky.
	WALTER BURNHAM, M. D.	Massachusetts.
	JOHN M. SCUDDER, M. D.	Ohio.
June 14, 1865.	C. E. NEWTON, M. D.	Ohio.

State of New York.

No. 100.

IN ASSEMBLY,

January 21, 1867.

TRANSACTIONS

OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Hon. EDMUND L. PITTS, *Speaker of the Assembly:*

Sir—We have the honor herewith to transmit to you the Transactions of the Eclectic Medical Society of the State of New York for the year 1866.

Very respectfully,
Your obedient servants,
ROBERT S. NEWTON,
WM. W. HADLEY,
D. E. SMITH,
Committee of Publication.

ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

ARTICLE I.

Records of the Organization.

Senate Chamber, City of Albany,
October 13th, 1863.

In pursuance of the following circular, issued by a committee appointed by L. Stanton, M, D., President of the New York State "Association of Reform Physicians," at the annual meeting of said association, in June, 1863, a convention of physicians was held in the Senate Chamber, in the city of Albany, on Tuesday, the 13th day of October, 1863.

[circular.]

To those gentlemen in the medical profession who delight in fraternity, and love freedom of thought and inquiry: who hate associated dictation and the bigotry which it fosters. To those who are disposed to encourage the heroic position of Surgeon General Hammond; to those who rejoice in possessing a knowledge of sanative remedies which are rapidly displacing mercurials, antimonials, venesection and other destructive agencies; to those who believe that the standing and success of the physician should, and does, depend on individual attainment and merit, rather than upon adhesion to, or conformity with, any of the so-called "systems". of practice; and to all who desire to cultivate an intelligent eclecticism in medicine, these presents are sent, with a request that they meet the undersigned at the Capitol, in the city of Albany, on the second Tuesday in October next, at 10 o'clock A. M., for the purpose of organizing a new medical society.

Brethren of liberal views! we think we have a right to claim

your cheerful co-operation. Will you not give it to us, and give it now, at a time that seems unusually opportune for reform and progress?

J. T. BURDICK, M. D.,
WM. W. HADLEY, M. D.,
S. TUTHILL, M. D.,
D. E. SMITH, M. D.,
I. M. COMINGS, M. D.,
A. W RUSSELL, M. D.,
E. J. MATTAOCKS, M. D.,
} *Committee.*

The following named gentlemen sanctioned the call:

ROBERT S. NEWTON, M. D., No. 22 East Eighteenth Street.
L. STANTON, M. D., Copenhagen, New York.
R. K. TUTHILL, M. D., Poughkeepsie, New York.
WM. JONES, M. D., Newburgh, New York.
ELLSWORTH BURR, M. D., Middletown, Conn.
F. H. KELLEY, M. D., Worcester, Mass.
J. W. JOHNSON, M. D., Hartford, Conn.
H. PEASE, M. D., Schenectady, New York.
A. P. HALE, M. D., Adams, New York.
H. E. FIRTH, M. D., Brooklyn, New York.
H. S. FIRTH, M. D., New York.
G. S. MCCOMBER, M. D., Watertown, New York.
B. J. STOWE, M. D., Brooklyn, New York.
Hon. LUCIEN CLARK, Denmark, New York.
Hon. JOHN CHICKERING, Harrisburgh, New York.
E. ALLEN, M. D., Copenhagen, New York.
JOHN STOWE, M. D., Lawrence, Mass.
JACOB VAN VALKENBURGH, M. D., Charleston 4 Corners, N. Y.
H. M. SWEET, M. D., East Fourteenth street, New York.
J. G. FROSS, M. D., New York.
A. B. WHITNEY, M. D., New York.

The convention was called to order at 10 o'clock A. M., by Wm. W. Hadley, M. D.; and H. S. Firth, M. D., of New York, was elected chairman *pro tem.*, and Dr. Hadley, secretary.

Drs. J. T. Burdick, Robert S. Newton and L. Stanton, were appointed a committee to frame a plan of organization.

Drs. Wm. Jones, D. E. Smith and H. E. Firth, were appointed a business committee, and recommended the following order:

1st. Reading and acting upon the report of the committee on organization.

2d. Election of permanent officers.

The committee also recommended the appointment of a committee of finance and a committee on resolutions. The report was accepted and adopted.

The report of the committee on plan of organization was amended and adopted.

Constitution of the Eclectic Medical Society of the State of New York.

We, whose names are underwritten, delighting in fraternity, hating associational dictation and the bigotry which it fosters, rejoicing in a knowledge and the use of *sanative* and efficient *remedies* which are rapidly displacing the use of antimonials, mercurials, venesection and other destructive agencies, accord to our professional brethren the right which we individually reserve to ourselves, to wit, the privilege of selecting remedial agents and measures from any and all sources, according to the dictates of their judgment, enlightened by a familiar and thorough knowledge of physiology, pathology, materia medica and therapeutics, and guided by experience, do hereby agree to constitute a society, whose name and title shall be, and is, "The Eclectic Medical Society of the State of New York," and we hereby adopt, and agree to be governed by, this constitution and these by-laws.

The objects of this society are the advancement of the *Science and Art of Medicine;* the restoration of the profession from the decadency of sectarian influences and associational dictation; the cultivation of an intelligent eclecticism, which in medicine is a system of practice based on the principle of prescribing remedies that are safe as well as efficient, discarding as unnecessary and nocuous the use of arsenic, mercury, and other inorganic and corrosive poisons; and which, defined, means to examine all theories without prejudice, adopt the truthful in each, and reject all that fails to coincide with facts and is not in harmony with nature and the laws thereof.

By-Laws.

The membership may consist of two classes—fellows and delegates. Any "doctor of medicine," or any practitioner who has sustained a reputable practice five years; whose character for intelligence, virtue and patriotism is without reproach, is eligible to fellowship. Candidates for fellowship must be recommended by two or more fellows. They shall be received by ballot, and if

three or more ballots appear against a candidate, he shall be rejected. All candidates must sign the constitution and by-laws, and pay the fellowship fee before he can assume the privileges which fellowship confers.

The initiation or fellowship fee shall be two dollars.

County and other sectional societies, whose purposes are similar to those of this, may become auxiliary by sending delegates to the annual or semi-annual sessions, and contributing two dollars annually for each delegate.

No delegate shall be liable to assessments, but each fellow of the Society shall be required to pay an annual assessment of two dollars, and such additional assessments as the board of directors may recommend, and a majority of the members may determine.

At each annual meeting the society shall elect, by ballot, a president, vice-president, recording secretary, corresponding secretary and a treasurer, who, by virtue of their offices, shall constitute the board of directors, to whom shall be intrusted the corporate affairs and general business of the society when it is not in session. They shall continue in office until their successors are chosen. The election of all officers shall be decided by a plurality of votes after the first formal ballot, if that ballot fails to elect by a majority.

The president shall have a casting vote in case of a tie. At each annual meeting he shall appoint an orator to deliver an address at the next annual meeting, and at each regular meeting he shall appoint three essayists to report on some subject connected with medicine at the next regular meeting. His other duties shall be such as usually appertain to presiding officers.

The vice-president will perform the duties of the president when the latter officer is absent from the chair.

The recording secretary shall keep a record of the proceedings of the society, receive all moneys and pay the same to the treasurer, sign all credentials and certificates of fellowship, and shall annually report the amount of money received and disbursed, together with such other items as may be of interest to the society.

The corresponding secretary will assist in keeping the minutes, conduct and have charge of all correspondence, issue notices of regular meetings, and cause one to be sent to each fellow and the president of each auxiliary society.

The treasurer shall receive and have charge of all moneys belonging to the society, and pay all bills, and only such as have

been audited by the board of directors, and annually submit his report to the society. If required, he shall execute to the board of directors sufficient bonds as security for the faithful performance of his duties.

The board of directors shall have power to fill vacancies, audit all bills, procure a seal, secure suitable rooms for the accommodation of the society, issue an annual publication of the transactions of the society, which shall be in neat octavo form, copies of which shall be distributed to all members who shall have paid their dues for the corresponding year.

The annual meeting shall be held in the city of New York, on the second Wednesday of June in each year.

A semi-annual meeting may be held in January, at such time and place as the society may from time to time determine.

Fifteen fellows and delegates may constitute a quorum of the society. Three directors may constitute a quorum of the board, provided each director shall have been notified of the time and place of meeting.

A certificate of fellowship may be issued by the board of directors, and a copy bearing the signature of each officer furnished to each fellow on the payment of five dollars for the same.

Proposals to alter or amend the constitution or by-laws shall be presented in manuscript and read at a regular meeting, when it shall lie over until the next annual meeting, unless there is a unanimous desire to act upon it immediately; but no alteration shall at any time be made, except by a vote of two-thirds of all fellows present.

The following order of business will be observed:

1st. Calling to order and reading the roll.
2d. Receiving the names of delegates.
3d. Reading minutes of the last previous meeting.
4th. Reading reports of secretary and treasurer.
5th. Reading the exhibit of the board of directors.
6th. Reception of proposals for fellowship.
7th. Balloting for candidates.
8th. Reading reports of committees.
9th. Election of officers.
10th. Recess.
11th. Reading essays and discussions.
12th. Appointments for the ensuing year.
13th. Annual address.
14th. Recreation, refreshment and adjournment.

A. W. Russell, M. D., of Albany, extended to the convention an invitation to dine with him, which was cheerfully accepted; and the hour of 12 having arrived, the convention adjourned until 2 P. M.

On re-assembling a lively discussion took place between Drs. D. E. Smith, R. S. Newton, J. Van Valkenburgh, J. T. Burdick and L. Stanton, on some of the fundamental principles which should distinguish us from the allopathic school of practitioners. The convention then proceeded to the election of permanent officers, as follows:

President..... A. W. RUSSELL, M. D., Albany.
Vice-President.. WM. JONES, M. D., Newburgh.
Rec. Secretary.. JAMES T. BURDICK, M. D., Brooklyn.
Cor. Secretary.. JACOB VAN VALKENBURGH, M. D., Charleston 4 Corners, Montgomery Co.
Treasurer..... D. E. SMITH, M. D., Brooklyn.

Dr. Russell having been called away, Dr. Jones, vice-president elect, was conducted to the chair.

Opportunity was now given for members of the convention to become fellows of the society. The following names were enrolled, and two dollars each paid to the secretary:

LIST OF MEMBERS.

WM. JONES, M. D., Newburgh.
H. S. FIRTH, M. D., Brooklyn, E. D.
B. J. STOWE, M. D., 167 Nassau street, Brooklyn.
D. E. SMITH, M. D., 165 Fort Green Place, Brooklyn.
JAMES T. BURDICK, M. D., Brooklyn.
WM. W. HADLEY, M. D., 111 Fifth street, Williamsburgh.
ROBERT S. NEWTON, M. D., 22 E. 18th street, New York.
JACOB VAN VALKENBURGH, M. D., Charleston 4 Corners.
L. STANTON, M. D., Copenhagen.
E. J. MATTOCKS, M. D., Troy.
R. H. OWEN, M. D., Haverstraw.
R. HAMILTON, M. D., Saratoga Springs.
C. T. GREENLEAF, Brewerton.
H. RANSOM GRAY, Schuylerville.
HARMON PEASE, Schenectady.
JONAH A. MARTIN, Troy.
CHARLES K. BROWN, M. D., Troy.
A. W. RUSSELL, M. D., Albany.
H. E. FIRTH, M. D., Clermont avenue, Brooklyn.

CORRESPONDENCE RECEIVED.

Letters from Orin Davis, M. D., F. H. Kelley, M. D., J. W. Johnson, M. D., and John Stowe, M. D., were read by Drs. Hadley and Burdick, and were ordered to be placed on file.

In response to the unanimous request of the fellows, Dr. H. E. Firth read an interesting paper on "Vicarious Menstruation," which was adopted and referred to the committee on publication.

The following resolutions, reported by Dr. R. S. Newton, chairman of committee on resolutions, were unanimously adopted.

Resolved, That it is the sense of this society that Surgeon General Hammond, in issuing his order, as follows:

(CIRCULAR No. 6.)

SURGEON GENERAL'S OFFICE,
WASHINGTON, D. C., *May 4th*, 1863.

I. From the reports of medical inspectors and the sanitary reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons as to call for prompt steps by this office to correct this abuse; an abuse the melancholy effects of which, as officially reported, have exhibited themselves not only in innumerable cases of profuse salivation, but in the not infrequent occurrence of mercurial gangrene.

It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the supply table, and that no further requisitions for this medicine be approved by medical directors. This is done with the more confidence as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

II. The records of this office having conclusively proved that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the supply table being a tacit invitation to its use, tartar emetic is also struck from the supply table of the army.

No doubt exists that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration.

W. A. HAMMOND,
Surgeon General.

Removing from the Army Medical Supply List those pernicious

agents—*calomel and tartar emetic*—is entitled to the thanks of the thousands of our fellow citizens who are engaged in fighting the battles of our country.

Resolved, That the allopathic branch of the medical profession, in its broadcast denunciation of the surgeon general, is unjust and unreasonable, and that such men have in view more the sustaining of their own bigotry and opposition to medical reform than the welfare and benefit of the soldiers.

Resolved, That every true friend of medical reform should hail with delight such evidence of progress as is shadowed forth in said order of Surgeon General Hammond.

The following from the same committee was heartily adopted:

Resolved, That we tender our thanks to A. W. Russell, M. D., for his forethought and generosity in providing a dinner for the members of the convention.

The treasurer, Dr. Smith, reported that after paying all expenses a balance of $38 remained in the treasury.

Prof. R. S. Newton favored the society with some interesting remarks on the uses of Gelseminum.

Adjourned to meet in Albany, the second Wednesday in January, 1864, at 11 o'clock A. M.

FIRST ANNUAL MEETING.

ALBANY, *January 13th*, 1864.

In accordance with the adjournment, the society met on the second Wednesday in January, at the Delavan House, in the city of Albany, and was promptly at the hour of 11 A. M., called to order by the president, Dr. A. W. Russell.

Dr. Burdick read the minutes of the organization, which were approved as recorded.

The secretary then submitted his first annual report, as follows:

FIRST ANNUAL REPORT OF THE SECRETARY.

To the Fellows of the Eclectic Medical Society of the State of New York:

Your secretary has the honor to report that, at the organization in October last, twenty physicians became fellows of the society.

The amount received for initiation fees was		$40 00
Out of which there was at that time paid	$2 00	
And since then there have been paid for printing,	5 25	
For postage and stationery	4 25	
		11 50
Leaving a balance in the treasury of		$28 50

Respectfully,

JAMES T. BURDICK, *Secretary.*

On motion, the secretary's report was adopted, and ordered to be entered upon the minutes.

The following candidates for fellowship, having been duly proposed and recommended, were separately ballotted for, and declared elected:

NAMES OF MEMBERS.

AMOS STODDARD, M. D., Naples.
LEWIS C. SILVERNAIL, M. D., Harpersfield.
NOAH S. DEAN, M. D., Albany.
THOMAS L. HARRIS, M. D., Cazenovia.
WM. D. THAYER, M. D., New Woodstock.
A. B. WESTCOTT, M. D., Little Falls.
ELISHA S. PRESTON, M. D., Rochester.
G. W. TAYLOR, M. D., Schenectady.
JOHN B. WHEELER, M. D., West Fulton.
DR. J. S. HOLLAND, Troy.

Society then proceeded to elect officers for the ensuing year, with the following result:

President..... ROBERT S. NEWTON, of New York.
Vice-President.... ELISHA S. PRESTON, of Rochester.
Secretary..... JAMES T. BURDICK, of Brooklyn.
Treasurer..... DENNIS E. SMITH, of Brooklyn.
Cor. Secretary... JACOB VAN VALKENBURGH, of Charleston 4 Corners.

The president elect was conducted to the chair by Drs. Stoddard and Jones. He was welcomed in a brief, but appropriate and well-timed address by the retiring President, Dr. Russell. Dr. Newton replied in a neat and terse response, claiming the indulgence and aid of the fellows, and took the chair.

Drs. Russell and Smith were appointed to wait upon the presiding officers of the Senate and Assembly, and extend through them an invitation to those bodies to attend the evening session of the society.

Recess until 2 o'clock P. M.

AFTERNOON SESSION.

President NEWTON in the chair:

Regular order being reports of essayists, Dr. H. E. Firth read a Thesis on "Physical Culture; or Man, Physical and Intellectual." On motion, the paper of Dr. F. was referred for publication to the board of directors. It provoked some remarks from Dr. Burdick, who said that thousands and hundreds of thousands were spent in improving the physical qualities of our domestic animals, but scarcely a thought was bestowed on any means of increasing the vigor of the human race. Keneisipathy showed us how, oftentimes, disease could be removed, and strength regained, by judicious and persevering exercise. And too numerous were the examples of deformity and other disease produced by ill-directed and ill-timed labor. But he thought that many instances of physical weakness and organic disease were the result of unfortunate marriages—unfortunate, because the parties thereto were physically unable to procure healthy offspring. There were, undoubtedly, certain undiscovered principles or laws which governed this function, and it was a duty of the medical profession to seek for them and publish them for the benefit of the race. He had been much interested in the letters of Prof. W. Byrd Powell, of Kentucky, on this subject, and he hoped the profession would become interested too.

Dr. Newton alluded to the facts recorded by Prof. Powell, and also related some that had come under his observation bearing on the same subject.

Dr. D. E. Smith then read a "Monograph on Diphtheritis," which elicited many enquiries and answers. It was referred for publication to the Board of Directors.

A paper on "Abnormal Changes in the Blood," was read by Dr. Burdick, and likewise referred.

A letter from Dr. James A. Redlick, of Pittsburgh, was read and ordered on file; also, one from the president of the board of trustees of the Eclectic Medical College of Philadelphia, invit-

ing the fellows of this society to be present at the occasion of their "College Commencement, January 27." The letter was received, and Drs. Burdick, H. S. and H. E. Firth and R. H. Owen, were appointed delegates to represent the Society at that time.

Dr. Russell moved an amendment to the constitution, so that the annual meetings should be held in June instead of January, and in New York instead of Albany. There being no objection, and desire being expressed to act upon it at once, it was put to vote and carried without a dissenting voice. It was also voted that the semi-annual meeting should be held on the third Wednesday of January instead of on the second Wednesday in June.

Recess until 7½ o'clock.

EVENING SESSION.

President NEWTON in the chair:

The President appointed Drs. Stanton, Jones and Van Valkenburgh, essayists for the next meeting, and Dr. Burdick, orator.

Dr. Burdick reported a case of gun-shot wound of the stomach, attended with severe hemorrhage, which resulted in recovery. The report was referred to the board for publication.

Dr. Newton then called Vice-President Preston to the chair, and proceeded to deliver the annual address. It was listened to throughout with close attention, and at the close the thanks of the society were voted to Dr. Newton, and a copy requested for publication.

A resolution of thanks to the publishers of the Eclectic Medical Journals of Cincinnati and Philadelphia, for their uniform courtesy in publishing the proceedings of the organization, was unanimously adopted.

Dr. Van Valkenburgh offered the following, which was unanimously adopted:

Resolved, That the complicity of a portion of the Allopathic medical practitioners, in obtaining a commission to court martial Surgeon General Hammond as soon as his impaired health will admit, manifests a deep and unjust motive to destroy every man in position who shows any disposition to favor reform, or to oppose combinations in classes of men.

Resolved, That it is the prayer and hope of this society that the President will see that Surgeon General Hammond is protected in his rights and relations to the army.

The following resolutions, which were originally adopted by the "Eclectic National Association" in 1849, were offered by Prof. Newton, and adopted with applause:

1. *Resolved*, That we regard it as one of the most important duties of the medical profession to investigate truth, from whatever source it may come, and in every proper mode to encourage the fullest and freest investigation by all.

2. *Resolved*, That we regard all combinations to proscribe and degrade any portion of the medical profession, merely on account of a difference of opinion in matters of science, as a serious crime against the true interests of the profession, against the welfare of the community, and against the common rights of man.

3. *Resolved*, That it is incumbent upon all medical reformers to regard all members of the profession in a spirit of liberality and courtesy, to abstain from personal and disparaging remarks in reference to differences of doctrine, and to cultivate those amicable relations which admit of co-operation in the pursuit of truth.

4. *Resolved*, That the great struggle of the present day in medical science, is between the spirit of freedom on the one hand, which is seeking boldly for truth in science,—and the spirit of conservative despotism on the other, which aims to perpetuate opinions by the force of organized combinations, and to discountenance or suppress every attempt at reform, whatever may be its merits or its source.

5. *Resolved*, That we regard all medical reformers who are struggling for the improvement and the freedom of the profession, as engaged in a holy cause, and that we regard it as the duty of all such, whatever may be their differences of opinion upon minor points, to unite in the most cordial manner, as the American colonies united in their struggle for freedom.

6. *Resolved*, That as the confederacy of the patriotic colonies which achieved the freedom of America, resulted in the establishment of a national union of independent states, forming a true republic, so we hope the confederacy of medical reformers may not only achieve a revolution, but establish in the highest degree of freedom and harmony, the *confederated republic of medical science.*

The society adjourned to meet in New York on the second Wednesday in June, 1864.

ROBERT S. NEWTON, M. D., *President.*

JAMES T. BURDICK, M. D., *Secretary.*

ARTICLE II.

SECOND ANNUAL MEETING.

COOPER INSTITUTE, *New York, June* 8, 1864.

The second annual meeting was held on the 8th of June, 1864, at Cooper Institute, New York. President Newton called the Society to order at 11 o'clock, A. M. The secretary read the minutes of the first annual meeting, which were approved. Annual report of the secretary was read, approved and ordered on file. It is as follows:

Several candidates for fellowship were proposed, but as some of them were strangers, and consequently could not, in compliance with the constitution, be recommended, on motion a committee, consisting of Drs. H. S. Firth, Wm. W. Hadley and R. H. Owen, was appointed to examine the qualifications of such candidates. In due course of time the following were duly proposed, recommended and elected:

B. F. ARNOLD, M. D., Pawlings.
THOS. R. FRAZER, M. D., New York.
SAMUEL TUTHILL, M. D., Poughkeepsie.
H. M. SWEET, M. D., New York.
GEO. NEWBY, M. D., New York.
R. S. HAMILTON, M. D., Jamaica.
JAS. WILSON, M. D., Owego.
P. A. JOHNSON, M. D., Waverly.
R. B. GRISWOLD, M. D., Banksville.
C. W. BATES, M. D., Brooklyn.
HENRY HALLEMBAEK, M. D., Burlington, N. J.
JOSEPH SITES, M. D., Philadelphia, Pa.
WM. CLARK, M. D., Philadelphia, Pa.
WM. F. SMITH, M. D., Philadelphia, Pa.
JOHN BUCHANAN, M. D., Philadelphia, Pa.
ORIN DAVIS, M. D., Attica, N. Y.

After the election of candidates, Dr. Burdick offered the following resolution, which was unanimously adopted:

Resolved, That any person who has laid mankind, or the medical profession, under obligations, by reason of having made important contributions to science, may become an honorary or corresponding fellow of this society,—provided such person first receives a unanimous vote in favor thereof at at annual meeting of the society. But no such honorary or corresponding fellow shall be liable to assessment, nor be entitled to vote in the meetings of the society.

Honorary Members.

Dr. Burdick then offered the names of Prof. Walter Burnham, of Mass.; Prof. W. Byrd Powell, of Ky., and Prof. J. M. Scudder, of Ohio, as candidates for honorary fellowship, and they were elected. He also offered the name of Wm. R. Prince, an eminent botanist and horticulturist of Flushing, L. I., as a candidate for corresponding fellowship. Mr. Prince was elected.

It is proper here to state that a magnificent bouquet of rare, beautiful and fragrant flowers—the gift of Mr. Prince—graced the president's desk, and filled the room with gladness and perfume.

Dr. H. S. Firth drew the attention of the society to the fact that the bouquet was a present from Mr. P., and moved a vote of thanks to the donor, which was carried.

The order for election of officers was now reached, when Dr. Hadley moved that separate balloting be dispensed with, and that all be voted for on one ticket. Dr. Burdick objected, but the motion was carried. The result of the balloting was the re-election of the previous board, as follows:

President..... Robert S. Newton, M. D., New York.
Vice-President.... Elisha S. Preston, M. D., Rochester.
Recording Sec'y.. James T. Burdick, M. D., Brooklyn.
Treasurer..... D. E. Smith, M. D., Brooklyn.
Correspond'g Sec.. Jacob Van Valkenburgh, M. D., Charleston 4 Corners, Montgomery Co.

Society then took a recess till 2 P. M.

EVENING SESSION.

A letter from Dr. Van Valkenburgh, explaining his absence, was read and ordered on file. Also one from Dr. J. D. Friend, expressing his sympathy with the society and its objects—his regrets for his inability to meet with its fellows as he had contemplated doing, urging the necessity of union and co-operation, and the importance of legislative sanction, &c. The letter was ordered on file.

Dr. H. S. Firth offered a welcome to Dr. C. E. Mills, delegate from our sister society in Massachusetts, to Drs. Hallembaek and Dean of the Eclectic Medical College of Pennsylvania, and to the other members of the faculty and visitors from Philadelphia, and moved that they be invited to seats with the president, which was carried.

Dr. Burdick read a communication from Prof. Powell, of Covington, Ky., on the "Science of Physiological Marriage." It was referred to the board of directors for publication. And on motion each fellow of the society was requested to carefully note his observations on the subject and send them to the president, Dr. Robert S. Newton, No. 22 E. Eighteenth street, New York, who would at the next regular meeting present a tabular statement to the society.

Wm. R. Prince then favored the society with a review of the report of Drs. Sayre and Murphy, a commission appointed by the mayor of New York to visit Long Branch and investigate the causes of the epidemic known as spotted fever, which raged there during last winter.

The society then resolved itself into a committee of the whole on the progress of electicism in medicine. Remarks were made by Drs. Newton, Hallembaek, C. E. Mills, Sites, Firth and Preston, when the committee resolved to rise and recommended the passage of the following resolutions:

Resolved, That the board of directors be instructed to draft and have introduced at an early session of the Legislature, an act incorporating this society, and also a charter for an Eclectic Medical College; that they be advised to spare neither money nor pains necessary to accomplish their object.

Resolved, That we will individually appeal to our respective representatives to favor the passage of said acts.

Adjourned to 7½ o'clock, P. M.

EVENING SESSION.

In the evening the annual address was delivered to a large audience of ladies and gentlemen by Dr. Burdick, and was followed by a historical lecture by Prof. Newton. Resolutions of thanks were offered each of the gentlemen, and copies requested for publication.

The following resolution, offered by Dr. Smith, of Philadelphia, was adopted:

Resolved, That this society will neither countenance or recognize any medical school or college which has no charter from the state in which it purports to exist.

Dr. Preston offered the following, which were unanimously adopted:

Resolved, That we express our confidence in the executive and legislative departments of our National Government; that they have our sympathies in this trying hour, and that we will encourage the executive by all means in our power in his endeavors to suppress armed treason.

Resolved, That Gen. Grant, his subordinate officers, and the army and navy, are deserving of a proud nation's thanks for the effects which their united efforts have produced in sustaining our nationality, and in thwarting armed treason in its designs upon the government of the United States.

Resolved, That the bereaved friends of the patriots who have fallen in defence of the liberties inherited from our fathers, have our condoling sympathies; and we trust that the perpetuity of republican institutions will serve to sustain them in the terrible sacrifices which they have been called upon to make on the altar of our country.

Dr. D. E. Smith moved that a committee on new remedies be appointed, and suggested the name of Henry S. Firth, M. D. Dr. Firth was appointed.

Prof. O. Davis, of Attica, was appointed orator for the next meeting, and Drs. Hadley, Preston and Stoddard to prepare monographs to be read at the next meeting.

Dr. Preston moved that when we adjourn it be to meet in Albany, on the third Wednesday in January, 1865. Carried.

Dr. Newton offered the following, which was adopted:

Whereas, The Massachusetts Eclectic Medical Society has appointed a committee to correspond with the secretaries of like societies, on the feasibility of a national organization; therefore,

Resolved, That the corresponding secretary of this Society be instructed to correspond in like manner with the proper officers of other societies, with a view to perfecting a national organization of Eclectic Physicians.

Society then adjourned to meet in Albany on the third Wednesday in January, 1865.

J. T. BURDICK, *Secretary.*

ARTICLE III.

Physical Culture: Man, Physical and Intellectual. By H. E. Firth, M. D.

Man is a creature peculiar in all his relations, whether physical or intellectual; he occupies the highest position in the scale of animated beings; and although resembling other animals in many points of physiological conformation, he still preserves that distinctive character that ranks him as pre-eminently highest in the order of creation.

By virtue of his intellectual endowments he can not only investigate the objects that surround him, but by the aid of physiology he has opened unto him a field for thought and inquiry, and is introduced to a complex and beautiful mechanism within his own body.

We see in man, as in other animals, the adaptation of means to ends.

How nicely balanced are the organs, and with what transcendent harmony are the functions of organic life played in the economy of man.

As we witness the silent operations of nature throughout this animated scene, express design is discernable in every formation, in every arrangement, and in every series of change.

It is witnessed in the digestive process, in absorption, in secretion, in nutrition, in development of organization and in growth.

The phenomena presented upon physiological investigation of the human body, are of three kinds—physical, vital and intellectual.

The physical system, embracing both solids and fluids, are subject to universal laws.

In determining the points of physiological and pathological research, the physician must bear in mind that the same influences and laws that govern other bodies are in operation in man—as the laws of cohesion, electricity, gravitation, capillary attraction, light, heat and electricity.

It is remarkable that in the multiplicity of organs within the body, nature has employed the same ultimate structure; all the solid parts of the animal fabric are formed of cells and fibers, variously united and interwoven, in some cases loosely connected as in the areolar tissues; in others more firmly united, as in membranes for the reception of fluids, as also to form tubes for the conveyance of fluids from one part of the system to another.

"*Vital action*," is that pecular form of endowment whereby the body is preserved from decomposition. This preservation is not dependent upon the mental or intellectual part of our nature, for it is alike possessed by all animals—each organ and tissue being under this mysterious agency.

No sooner does life become extinct, than organic changes take place, and we find both the fluids and solids of the body hastily assuming new forms of combination.

This vital principle is an element of life, and is discernable in all the organic operations of nature, as witnessed in the human organization.

All the functions of the body, all the mechanical dispositions of the system, all the movements of its parts, are for two great objects—the preservation of the individual and the continuance of his race.

The laws regulating the supply and waste of the human system, are of such a character that we can almost recognize an intelligence within ourselves.

From the fœtus in the embroyo to maturity, we see all parts of the body expanding by a slow but uniform increase of size, until it arrives to a certain limit.

In what a remarkable manner does this vital principle direct that the supplies shall exceed the waste of the body until its maturity in growth, and then arranges a balance between the secretory and excretory functions.

How admirably does each organ and tissue of the body select, secrete and apply that peculiar form of nutrition adapted to its requirements.

There is, doubtless, a peculiar nervous influence supplied to each separate part, and such a stimulus imparted that a direction is given as to the kind of nutritious element required.

In muscular contractility, in absorption, and in the circulation of the blood, we witness the same silent yet ever presiding principle governing and controling the varied operations.

As we progress from the lower order of physical development in which organic action is influenced by the vital forces, chiefly through the sympathetic nerves, to that higher order of development in which nervous influence is exerted through the cerebro-spinal nerves, which are under the control of the will, we are amazed, and should bow with reverence before the omnipotent and omniscient Creator.

As we ascend from the physical to the intellectual, from the mere motor impulse to those higher developments of sensation and volition, under the guidance of the intellect, we feel that we are leaving the animal part of our natures and approaching that divine essence from whom emanates not only all created things, but also every object of thought.

The operations of mind, the phenomena of its development, and the influence it exerts upon the physical organization, are measurably subjects of psychological investigation, yet with some of these physiologists have to deal.

There is such an intimate relation between the mind and the body, such a mutual dependence existing, that mental defects are frequently the result of physical imperfections, and physical derangements the effect of mental emotions.

What peculiar molecular change is necessary to develop the nerve-force, or how that force is exerted upon the physical system, are mysteries which the human mind possibly may never solve; yet we can trace such operations and witness the results of the will-power upon the various functions and movements of the body.

The development of mind is a still greater mystery.

Through the medium of our organs of sense, the mind takes cognizance of things; impressions are made upon the brain, and by these impressions consciousness and ideas are developed.

The brain has not only the power to record impressions, but also to exercise the peculiar function of memory.

Thus, by a repetition of impressions, and the constant exercise of the faculty of memory, and by associating and comparing these impressions, the intellect is developed.

The more exalted processes of intellectual development, which seemingly are not produced by any external impressions through the medium of our senses, are dependent upon those intuitive faculties of mind created and influenced through the medium of spiritual or divine agency.

There is no limit to the development of intellect; its capacities and powers know no bound!

Desire for knowledge is a constantly increasing principle of our nature. Man passes on from one degree of acquisition to another; he seeks continually to penetrate the mysteries that surround him; he enters the vast labyrinth of nature's arcana to witness her silent, awe-inspiring operations, in the decomposition, re-composition, and re-organization of matter.

With philosophical and chemical inductions he investigates the particles of matter, examines their relations, considers their properties and qualities, and the action of the imponderable principles of light, heat and electricity upon them.

He surveys the terrestrial globe, explores its recesses, determines the depths of its seas, classifies its minerals, vegetables and animals, analyses its component compounds, resolves substances into their elementary principles, arrests the lightning in its course, conveys his thoughts on the wings of electricity, weighs distant worlds, and with restless perseverance his course is onward, as

> "Urged by fire divine,
> Conjecture's doubtful peak he tries;
> And even beyond the bounds of time,
> Threatens the hidden mysteries."

We witness in the man of science the majesty of mind, and we almost adore him for his intellectual possessions; but intellect as yet has only just commenced to expand. The people of our generation are just recovering from the shock which humanity received in its pilgrimage through the dark ages.

The course of intellect is ever onward to a nearer and still nearer approach to that divine source whence all knowledge is derived.

The object of this communication is not so much to speak of the capacity of mind, as to impress upon physicians the importance of properly instructing their patients as to the necessity of cultivating good strong bodies.

Without physical culture we must sooner or later witness mental imbecility.

How often it is the case that parents provide for the intellectual culture of their children, and unthinkingly neglect their bodily wants.

It should be the duty of physicians to warn parents of the serious consequences of such over-thought, and give direction as

to physical exercise. This is within the pale of their duty, yet how often do they neglect to give such advice.

I am happy to say that in our public schools more attention is being bestowed upon physical exercises than formerly; and if physicians generally would perform their duty by teaching the necessity of such exercises, there would soon be a system of physical education established such as would remove many of the defects of our race.

The intellect untrammeled by physical infirmities, and sustained by vigorous vitalized blood coursing through the brain, would go on with a greatly increased ratio of development.

How often do we witness, instead of protracted age and vigor of intellect, the early decline of both the mental and physical powers.

How soon does the brain wear out the body, and how often does the body incapacitate the brain!

This, brethren, is not the will of the *Creator*, but the result of our own folly and ignorance.

Let us arm ourselves anew for life's battles! Let us put on the whole vigor of manhood! Let us systematize ourselves, that both by precept and example our influence may be exerted for strength of body and strength of mind, and we become truly benefactors of our race!

We are convened as a "State Eclectic Medical Society;" we profess to be eclectic; we ignore, as a governing principle, the isms, sects, dogmas and creeds of the schools of medicine; we are simply seekers after truth, and claim the privilege of selecting the good from all systems of practice.

Our principles are democratic, and in harmony with the institutions of our country. We believe in the largest liberty.

While we are enjoying this broad and comprehensive eclecticism, let us not abuse our privileges, but ever remember that the physician should be constantly a student. The world of science lies before us; by patient perseverance we can solve difficult problems. We have the experience of the past and the hopes of the future.

Let us then, brethren, be true to ourselves, true to our profession, true to the great principles of "Eclecticism," and the world cannot fail to recognize our claims!

ARTICLE IV.

Diphtheritis. By D. E. Smith, M. D.

The subject chosen for the few suggestions I may make, is one which has thrown terror over various parts of our land. It has robbed many firesides of blooming boys and girls—the innocent babe, nestling in its mother's breast, has not escaped; and grown up sons and daughters, as well as those of riper years, have been the victims of this fell-destroyer. I refer to Diphtheria, or Diphtheritis, as many term it.

It is supposed by some to be a new disease, perhaps from the fact that the first cases reported were in 1857. This, however, is a mistake, as it was classified by M. Bretonneau, in the city of Tours, in France, as early as 1818, at which time, and the three succeeding years, it raged as an epidemic. That it is a recent disease in this country, and that since its first appearance it has been gradually increasing, is, I believe, an acknowledged fact, and which statistical evidence abundantly proves.

In the year 1857, in the city of New York, there were two deaths reported from diphtheria; in 1858, there were five; in 1859, fifty-three; in 1860, four hundred and twenty-two; in 1861, four hundred and fifty-two; in 1862, five hundred and ninety-four. Other statistics also prove the disease to have increased in about the same ratio. In England, in 1860, there were five thousand two hundred and twelve cases; in 1861, six thousand eight hundred and ten; in 1862, six thousand nine hundred and seventy-five deaths reported from this disease alone. I would here remark that there are many diseases of the throat which are by physicians called diphtheria, that have no analogy to the disease whatever. It is, however, oftener confounded with croup and malignant angina, or putrid sore throat, than with any other. The membrane in diphtheria is thicker than that formed in croup, and is composed of the fibrine of the blood coagulated and forming threads or filaments, having many granules but no cells. The worst cases of this disease that have come under my observation are not what may be technically termed sore throats, as the patients eat and

drink almost as in their usual health, except in cases where the epiglottis is involved, in which case a partial or complete paralysis of the parts takes place, which renders deglutition very difficult. Hence the necessity of a correct diagnosis.

True diphtheria is, as its name indicates—a skin or membrane. It may be defined as a plastic inflammation of the throat and its surroundings. It is usually ushered in with slight soreness and pain, with a sense of increased heat about the affected parts. Its appearance at this stage is varied: the uvula is relaxed, the tonsils and fauces are usually of a red color, which soon changes, and the parts, either successively or at the same time, present irregular patches of a yellowish buff, or grayish colored exudation on the semi-inflamed surface. These patches enlarge, unite and extend to the larynx, œsophagus, or nasal fossæ. At the commencement of the fibrinous exudation, stiffness, soreness, and some pain is experienced in the neck and throat. The membraneous exudation sometimes spreads in a few hours over the tonsils, uvula and pharynx, and from thence into the œsophagus, trachea, and the nasal fossæ. Diphtheria may terminate in from twelve to twenty-four hours from the time of its invasion when the larynx is implicated. This, however, more frequently occurs from the third to the seventh day. When the disease terminates favorably, it is by resolution; by the detachment of the membrane, either spontaneously or by treatment.

There are three ways in which diphtheria proves fatal—1st. When it extends to the trachea, forming a disease analogous to membraneous croup. 2d. When the disease is transferred through the œsephagus into the stomach, producing the peculiar formation upon the mucous membrane of that organ, when all food, even the most bland liquids, produce intense pain—in which case the patient usually starves to death. And 3d. When the exudation or membrane is allowed to remain too long a time, even though it should not spread;. in which event absorption of the poison takes place, the pulse becoming frequent, very feeble and wiry, causing ing the most distressing nervous prostration, which soon terminates in death.

As to the primary cause of diphtheria, it is yet a disputed question. My own opinion is that it is animalculæ, or a peculiar something (the precise nature of which is yet unknown), floating in the atmosphere. This germ is inhaled, and at the time, or subsequently, is deposited upon the tonsils, uvula, or fauces, and ulti-

mately generates the disease. It is not contagious, as many suppose, but infectious, and its element or source is where the germ is found in certain infected districts; and only such are liable to an attack as breathe an atmosphere impregnated with this living poison.

In 1860, this disease raged as an epidemic in the town of Islip, Long Island, and for fifteen or twenty miles around that fated village, there were but few families that it did not visit, or firesides which escaped its ravages. Many blooming, happy families, were stricken by this fell-destroyer, and from one to six of their loved ones were torn from their fond embraces, and consigned to the cold and narrow limits of the grave. While this fearful disease was thus raging in this district, other parts of the island were comparatively free from the infection. The cases that did occur being only of a spasmodic character.

In the city of Brooklyn, in the fall of 1860, a family consisting of eight persons went to the state of Connecticut to attend a camp meeting. After the meeting closed they returned to their home, when all, save the father, took the disease. It was very malignant in its character, and two out of the seven died. In the case of the youngest, a lad of four years, the disease passed down into the trachea, causing suffocation and death. The other was a bright-eyed little girl of about six years, in which the disease passed into the stomach. She was a patient little sufferer, and I labored hard to save her, but it was only to show how futile and inert were remedies, when this truly terrific disease had reached the delicate mucus coat of the stomach. She quietly and peacefully sunk in the arms of death, and

> In the Greenwood shade we laid her,
> When the forest cast the leaf,
> And we wept that one so beautiful
> Should have a life so brief.

The death of these dear children produced a deep and lasting impression on my mind, and I at once resolved to prosecute my researches until I found the pathogeny of the disease, and the remedy. The former is a poison in the blood, the great antidote of which is iron.

When now called to treat a case of diphtheria, I immediately apply with a camel's hair brush to the exudation or membrane, a solution of the *per chloride of iron*, and repeat it every two or four hours until resolution takes place. This application has a

singular effect upon this peculiar membranous formation, arresting its progress at once and hastening resolution with a marked rapidity.

Internally should be given at once the following:

℞ Mur. Tinct. Iron, ʒi.
Syr. Simple ʒii.

Mix, and give one teaspoonful every three hours.

Should the disease be already in the larynx, or trachea, when the physician is first called, with a full, frequent, bounding pulse, it will require prompt and effectual means to arrest it, or the patient dies in a few hours. In such cases I have found the following treatment prompt and efficient: Give, internally, of Norwood's tincture of veratrum viride, from three to six drops every two hours until the pulse is reduced to 70, and there keep it by the above named medicine. At the same time apply, *externally*, along the trachea, every two or three hours, with a camel's hair brush, tincture of iodine; and if possible to apply to the affected parts the per chloride of iron, by means of a probang, do so.

The philosophy of this treatment is, that when the pulse is at or below 70, the formation of this membrane ceases, while the application of the iodine causes a powerful revulsive action, and at the same time promotes absorption of the membranes already formed. Sometimes in the breath there is a peculiar fœtid odor. When this is present, we should give the following

℞ Chlorate of Potass, ʒi.
Aqua Camphora, ʒii.

Mix, and take one teaspoonful three or four times a day.

When resolution takes place and the membrane is detached, a little tannic acid dissolved in water and used as a gargle completes the cure. This treatment is simple but effectual, and in my experience it has proved a decided success. Some physicians of our own, as well as of the allopathic school of medicine, use and recommend, as a topical application in diphtheria, the argenti nitras. Indeed, it is highly recommended by various writers in recent numbers of "Braithwaite's Retrospect," and other journals. I have used it from such recommendations in every form, from a solution of ten grains to the ounce of water, up to the solid stick. And if my advice were asked relative to its use in this truly terrific disease, I would say, and repeat it with emphasis, be careful how you use the nitrate of silver in the treatment of diphtheria.

In many diseases of the throat, as tonsilitis, ulceration, sub-acute inflammation, etc., this remedy acts well, but I have never seen it applied in true diphtheria but that it aggravated the disease and rendered it much more difficult to cure.

The conclusions I have arrived at by my investigations are the following:

1st. Diphtheria is not of recent date, but was classified by a French physician half a century ago.

2d. Its source, or cause, is *animalculae* floating in the atmosphere.

3d. It is not contagious, but infectious, and confined to certain districts.

4th. Topical treatment is necessary in order to treat the disease successfully.

5th. The treatment should be mild and not heroic.

ARTICLE V.

Peculiar Case of Vicarious Menstruation. By H. E. Firth, M. D.

Miss ——, residing in Court street, Brooklyn, daughter of respectable parents, was placed under my professional care, with the hope that something could be done to relieve her of a difficulty which was not only making life a burden to her, but also causing her parents much anxiety on her account.

At the time I first called upon her, her appearance was so unnatural that she shrank from society and would conceal herself as much as possible even from her friends; she would not consent to appear upon the street except in the evening, and then only heavily veiled.

From childhood up to the age of fourteen there was nothing peculiar in her appearance, manners or growth from that of ordinary females; her features were good, feminine and delicate; her parents, too, were well developed and intellectual.

At the age of puberty, when womanhood would naturally be expected to appear, the phenomena of symptoms that rendered her peculiar began to gradually appear, and the attention of her parents was particularly attracted to her condition.

Instead of pelvic and mammary development, and her general figure assuming that rotundity of appearance consequent upon maturity, she became more muscular, her voice hoarse and manlike, and her general figure masculine; her skin from being soft and smooth became covered with heavy dark hairs, especially profuse upon the arms and legs; she had a large, heavy and very dark beard covering her upper lip and the whole lower part of the face, which, although kept closely shaved, gave out a dark blue appearance to the parts.

One of the most striking peculiarities connected with the case was, that instead of the regular menstrual flux, and about the time her monthlies should appear, there was a vicarious discharge from the surface of the body, more particularly from the face, arms and lower extremities.

Previous to the appearance of this discharge, the cuticle would present small yet thickly studded tumefactions, of a papulous and

highly vascular appearance, and would emit a sanguineous exudation of a disagreeable odor.

This discharge would continue about the usual time of menstruation, and would gradually disappear, as also the vascularity and tumefaction of the cuticle, leaving the skin roughened and coarse in appearance.

After being introduced to this case, and learning all the circumstances connected therewith, I was disposed to think that there was some deficiency or redundancy of the uterine organs, and that in all probability the lady was a monstrosity.

I made a careful examination, but such was not the case; there was nothing abnormal or unusual, excepting that the uterus was smaller than a virgin uterus usually is.

She manifested that modesty throughout the examination natural to a virtuous female.

I employed medicines to arouse the uterine functions, but found them of no avail. Electricity was also employed, and repeated currents passed through the uterus by means of an insulated tube. I finally suspended treatment and recommended bathing and other hygienic means.

Some two years have elapsed since she has been medicated, and she is now twenty years old. Nature seems, however, to have accomplished something toward rectifying her own failure, and she has improved in several particulars. Her voice is less coarse, her breasts and pelvic organs more developed, the hair on her body and her beard not so dark in appearance, the cutaneous exudations have ceased, and about two months since she menstruated for the first time.

The hopes are that still further changes may take place, and she may eventually be relieved from peculiarities unusual to her sex.

The question arises as to the physical causes producing the strange phenomena of symptoms presented in this case.

The following theory suggests itself to my mind:

1st. In all normal cases of menstruation a corresponding sympathetic relation exists between the ovaries and the uterus. About the time that the ova is developed, and just prior to its expulsion from the ovaries, an exalted state of the uterus takes place, its blood vessels become distended, and a hyperæmic condition is present.

I have preserved the uterus and ovaries of a female that com-

mitted suicide, and upon whom I performed autopsia previous to a coroner's inquest.

Her death occurred just previous to, and at the time the menses should have appeared.

I found the ova in the act of escaping from the ovaries, and just previous to being grasped by the fimbriated extremity of the fallopian tube.

Upon examining the uterus, I found this hyperœmic state above described, while from the cavity of the uterus, or rather its internal lining membrane, menstrual blood could be discovered oozing from its entire surface. No menstrual blood had escaped the cervix uteri, as none was discovered in the vagina.

This was proof to my mind that the secretion or menstrual blood (I use the word secretion for convenience) did not depend upon the presence of the ovum in the uterus, but was an act occurring simultaneous with the function of the ovaries in expelling the ova.

In this case of vicarious menstruation, we have the function of the ovaries performed without the full development or corresponding function of the uterus, hence nature sought some other avenue to excrete that which, if retained in the system, would be a source of disease. Acting upon this theory, I applied the galvanic battery, hoping to excite the uterus to the performance of its function, but owing to the extreme modesty of the patient it was not continued sufficiently long to determine its value.

As I do not propose to make extended comment, or elaborate my theory, I will leave this subject, at least, for the present.

ARTICLE VI.

American Medical Eclecticism: Its Origin and Doctrines—The First Chartered Eclectic Medical College of the U. S.—The Eclectic Medical Institute at Cincinnati—What it has accomplished—Its Literature—Its State and National Recognizance—Also some of the Leading Points of Difference between the Eclectic and Allopathic Systems of Medicine. By ROBERT S. NEWTON, M. D., of New York. Read at the meeting of the Eclectic Medical Society of the State of New York, at Albany, N. Y., January 13, 1864.

Gentlemen of the N. Y. E. M. Society.—Having been appointed to address you at this time, I refer to the above points.

Medicine and surgery originated as a system of experiments, simply as the result of the various remedies used in individual cases—not from any principle of physiology or pathology, for such was neither studied or understood. The sick man was placed by the road-side, and every passer by had the right and privilege of prescribing for him. These prescriptions were all collected and preserved for future use. This practice continued for quite a period. When a regular classification of these various and crude prescriptions was made, and an attempt to systematize a practice of medicine by the establishing of a school for teaching the peculiar views of the men of that age, and the introduction of the study of anatomy, the greatest attention was paid to the power and use of medicines then employed for the cure of disease. Rapid progress was made in this department; medicine then, although in its most crude state, had many votaries, and excited a powerful influence upon the people at large. Under the teaching of the school, and the great interest taken by its friends, medicine, as a science, began to assume a systematic form. The whole class of medicines used were of the Botanic Materia Medica, to such an extent that soon the whole system as formed, and the practice as adopted, became a system of botanic medicine, which continued for centuries, until the introduction of mercurial preparations by Paracelsus under the name of "quacksilver." He and his partizans were called "Quacks," from the use of this mineral. He was the leader of a party—an innovator upon the then "*Regular System of Medicine.*" Here may be said to have been the first "doctors' war," which has been so often met with in the present

day. He was an unscrupulous man, and soon found others to assist him in his work of introducing and establishing the use, as a remedy, of the mercurial preparations—a class of agents which have poisoned more human systems and destroyed more human lives than all the pestilencies and wars from that period to the present time.

If I should be asked—Has this system of medicine accomplished any good? I would say, that in the departments of anatomy, physiology, pathology, chemistry, obstetrics and surgery, the world has never in any other science made such rapid and successful progress—no set of men have worked harder or accomplished more. Yet I will say, that in the departments of general pathology and the practice of medicine, by this I wish to be understood, so far as the condition of disease and the adaptation of the proper remedies for the removal of disease, without using agents which destroy the human system, the allopathic practice of medicine has been a grand failure. To reform this part of this system, to abolish its injurious doctrines and remedies, was the great incentive for the formation of "The American Eclectic System of Medicine." For the last forty years there has been a class of men known by various names, who have continually opposed and denounced the errors in the old system. Among whom was Wooster Beach, M. D., of the city of New York; Samuel Thompson, of N. H. Prof. T. V. Morrow established a reform school at Worthington, Ohio. This institution was very successful for a time, but was discontinued, and he moved to the city of Cincinnati.

Medical electicism never presented itself before the public with a complete organization, a broad platform of liberal principles, and a chartered school of commanding influence, until the organizing of the Eclectic Medical School of Cincinnati, in 1845. This was the first inception of the eclectic branch of medicine as a distinct school. Upon the establishment of this institution, with its broad platform of principles, the name of "Eclecticism" was chosen—a comprehensive philosophy was embodied in the cause, and the scattered friends of medical freedom were rallied to the standard of reform by the abilities of leaders in whom they could confide for sound, truthful and eloquent instructions, in which were pointed out the many errors of the old system and the beauties of the new. The science of medicine was taught in the true eclectic spirit—the constitution of man was analyzed, and its moving powers developed as they had never before been shown; new

methods of practice were brought forward, and the true path for the improvement of scientific medicine was pointed out. The largest classes of the queen city of the West attended the lectures of the professors with interest and enthusiasm. The friends of reform in national convention assembled, repeatedly expressed their gratification and their cordial co-operation in the great movement which they saw in progress. The principles of eclecticism were carried through the Union by the "Eclectic Medical Journal of Cincinnati," the first periodical of respectable dimensions and large circulation which had been devoted to medical reform.

Under all these combined influences the eclectic movement came before the public with a scientific dignity and completeness which challenged the admiration of all who had not been prejudiced by previous contests with medical reformers, or by the crude condition of earlier attempts. Such was the enthusiasm produced by the new eclectic school of medicine, that several charters were obtained for other schools upon the same principles, in the states of Indiana, Kentucky, Tennessee, New York, Pennsylvania, Virginia and Massachusetts.

I am therefore justified in saying that in Cincinnati was first conceived the idea of a great eclectic movement, there that name was first adopted and applied in modern times, there was first presented to the public a medical school under that name, competent, by its scientific ability and ample resources, to compete successfully with the older schools of the nation in point of numbers, and to send forth thoroughly educated practitioners and teachers of the same, many of whom have, and still hold, the first places as teachers of medicine and authors, while the greatest number stand high in the estimation of the people as successful practitioners of medicine and surgery.

I retain a grateful recollection of what was done at an early period to prepare the way for this great Eclectic movement which was commenced in Cincinnati, by men of unconquerable energy and commanding talent, who will be honored by future generations for what they have done for humanity.

Among the founders of this school, the name of T. V. Morrow will ever stand in the foremost rank, as the originator of the school. Prof. I. G. Jones was associated with Prof. Morrow at that time. Prof. J. R. Buchanan soon became associated with the school. Prof. A. H. Baldridge was also one of the co-operators. In July, 1850, Prof. Morrow died. Prof. I. G Jones was ap-

pointed Professor in the school, which position his feeble state of health would permit him to hold only for one year. He died in 1856. He and Prof. Morrow are the only persons ever connected with this institution who have died. In 1851, Professors Z. Freeman, J. Milton Sanders, and Robert S. Newton were added to the Faculty. Since 1852, Professors J. F. Judge, A. J. Howe, Wm. Sherwood, Edward Freeman, H. D. Garrison, J. M. Scudder, W. Byrd Powell, John King, and others, have been appointed to the several chairs. In 1863 I resigned my relation to the school, having filled either the chair of surgery or that of practice of medicine from the spring session of 1851 to the closing of the winter session of 1862–3.

At the present time the school is under the immediate management of Prof. J. M. Scudder and his colleagues. The school is highly prosperous, and perhaps at no time since its organization has it enjoyed more of the confidence of the Eclectic profession. With its abundant resources, its able faculty and its great popularity, its future success will be like its present results, continued with a meritorious name as lasting as time. Three thousand three hundred and sixty-seven students have matriculated, and one thousand and eighteen have graduated in the same.

There is at this time one Eclectic Medical College in successful operation in Philadelphia. Quite a large number of students have graduated, the exact number of which I am not informed. There have been two Eclectic schools in the State of New York, which accomplished much good while in operation. There was one at Worcester, Mass., which was managed successfully for several years, and at this time many of its graduates are classed among the most successful physicians in the country. There was one at Memphis, forming the Medical Department of the Memphis Institute for two years. No school was ever more successful in so short a time, and was only discontinued that its faculty might be transferred to the Eclectic Medical Institute of Cincinnati, after the death of Prof. T. V. Morrow. There was one at Louisville, Ky., which held two or three sessions, enjoying every facility afforded to other schools by the state and city.

The Doctrines of the Eclectic School of Medicine.

Upon this point I cannot do better than to quote from the proceedings of the National Eclectic Medical Association held in the city of Cincinnati in May, 1848, and which have been re-adopted several times:

"We protest against the idea that the vast resources of the materia medica are to be contemptuously overlooked for the purpose of giving undue prominence to a few of the most powerful, dangerous, and poisonous articles. A style of practice so gratifying to the indolence or ignorance of the physician, and so destructive to the health and lives of thousands, calls loudly upon society for *radical reform.*

"We, therefore, lay down the simple principle as the basis of such reform, that no course of medicine should be taught and sanctioned in a system of practice which is necessarily liable, in its usual application to inflict any serious or permanent injury upon the constitution and health. In the application of this principle there may be slight differences of opinion, but it will be unanimously agreed that there are many articles in the materia medica which are more conspicuous as poisons than as remedial agents, and which require at least to be degraded from the prominent position which has been asssigned them, in order to render more conspicuous truly valuable medical agents, which have heretofore been strangely neglected or unknown.

"Our attention has been especially directed to the vast sanative resources of the vegetable materia medica, and to the fact that these resources have been too often superciliously neglected for the purpose of treating diseases in a more *heroic* manner, by more dangerous, but far less useful mineral preparations.

"These doctrines and methods of practice present so much of what is novel and peculiar as to give a new aspect to the science of medicine, and to qualify the practitioner to treat with success many diseases which often baffle the resources of medicine. Not only does the course of instruction present the results of the original investigations and discoveries of the Faculty of this College in the theory and practice of Medicine, Materia Medica, Surgery, and Physiology. It also embraces their selection from all valuable sources. In short, the course of instruction and practice in the Institute is what its name indicates, *Eclectic.* Selecting from any and every source such remedies and modes of practice as experience shall have shown to be worthy of adoption, being, in that selection, governed by the great leading principle in Eclecticism, of using only those medicines, means, and measures which are not liable, under the ordinary circumstances of their judicious application, to produce injurious effects on the constitution of the patient, which principle excludes the preparations of

mercury, antimony, and arsenic, as well as general depletion by the lancet, and many other deleterious agencies now in common use.

"One of the prominent objects it has in view is, to dismiss from the catalogue of remedial agents all those which, under the ordinary circumstances of their administration, are liable to injure the stamina of the human constitution, more particularly the mineral poisons, such as mercury, antimony, arsenic, and all their various preparations, and substitute in their place articles derived from the vegetable kingdom, which are not only as powerful in their operation, but infinitely safer and more salutary in their immediate and ultimate effects on the human system.

"It would seem unnecessary at present to enter into a labored argument to prove that vegetable medicines, more especially the indigenous productions of our own country, are less destructive to the lives and constitutions of mankind than minerals. This is a doctrine which has long been acknowledged, and is almost universally believed and taught by the most distinguished physiologists and writers on materia medica; and it is presumed that no one in this enlightened assembly will be disposed to call in question its correctness."

These extracts show conclusively the ground which has been occupied by scientific medical reformers in relation to the choice of remedial agencies. It will be distinctly seen that vegetable medicines are regarded as the safest, most congenial and efficacious in the treatment of disease, and are therefore to be preferred as a class. Although Eclectic medical reformers never have assumed to repudiate and proscribe the use of all the medicines of mineral origin, yet they have unequivocally condemned and discarded the use of all the poisons and dangerous agents of that class, and only sanction the use of a few of the milder and safer articles belonging to that kingdom of nature.

"We do repudiate that narrow-minded routine practice which makes a hobby of some half a dozen powerful drugs, or which scoffs at the potent and innumerable resources of the vegetable materia medica, for the purpose of making a panacea of a poisonous and deleterious mineral remedy. We do not believe that *calomel*, or any other form of mercury, is in anything like a *panacea*, or is entitled to the prominent place which it has been assigned in the materia medica, or is necessary in any case whatever. We do believe that mercurial remedies are retained, in

their present position, to the annual destruction of thousands of constitutions and lives, because the medical profession of the old school too generally adhere to old prejudices, and are not like ourselves aware of the superiority of the more efficient and safer agents which we employ. They do not know that we can act upon the liver more potently and healthily without a particle of mercury, than they can with it, or that there is a more judicious method of using the materia medica which enables us to dispense with the use of those medicines, which often leave an impaired and feeble condition of the constitution, however carefully they may be used. It is the earnest desire of all benevolent physicians to dispense with those bleeding and mercurializing measures which have destroyed so many lives; but they are not generally aware that it is practicable, and do not know the ample resources which the Eclectic practice furnishes in place of these deleterious methods."

What are the reforms by which American Eclectics are distinguished from old schoolmen? They are eight.

"1. We deny the papal infallibility of the profession.

"2. We deny that it is impossible to produce satisfactory results without the lancet.

"3. We deny that mercurials are ever necessary.

"4. We deny the propriety of using any injurious remedies.

"5. We deny that a physician should be allowed to lose more than two per cent.

"6. We deny that we know enough of the materia medica.

"7. We deny that the functions of the brain should be omitted in our systems of physiology.

"8. We deny that physicians should be the last to learn new truths.

"2. We affirm that bleeding is a barbarous and unscientific remedy, and deny that it is ever necessary. In this matter we take our stand upon the facts recognized by the highest authorities in medical literature. We refer to the most recent and accurate researches in chemistry and pathology—to the experimental investigations of Andral, Majendie, Louis, Simon and many others, which have settled beyond all doubt, and placed among the permanent facts of medical science to be received by all medical schools, of whatever therapeutic faith, the phenomena of the blood, when its composition has been affected by hemorrhage, by bleeding and by various other agencies.

"It is indisputably established that bleeding produces a special change in the composition of the blood. The change which it produces is not a removal of any effete or morbid materials—not a removal of any element which tends to create or aggravate disease, but a removal of the most necessary and healthy portion, upon the presence of which we depend for the maintenance of health and vigor. Bleeding inevitably reduces the red or globulous portion of the blood, because it removes or destroys a certain amount of the red globules, and the loss which it produces is readily supplied by absorption of water, and of comparatively crude materials, while the highly organized globules are regenerated with great slowness and difficulty.

"It is a well established fact that the red globules of the blood are essential to life, and that their abundance or scarcity is a criterion of the vital force and activity of the constitution. As the proportion of the red globules increases, the general vital power rises, and the activity or energy of all the organs increases; while a diminution of their ratio enfeebles or disorders the various organs, and predisposes to nervous and tuberculous disorders, and to the whole range of adynamic and cachectic diseases. If the ratio is diminished as much as one-seventh, general debility is the consequence, predisposing to disease, and diminishing the power of recovery; if as much as one-fourth or more, this reduction of vital power is incompatible with health, and inevitably results in some form of disorder.

"Is it not, then, exquisitely absurd to adopt as a remedy in disease, a measure which, even in the most vigorous health tends directly, with rigorous precision, to destroy the vital powers and *bring on disease?*

"3. We deny that mercurials are ever necessary—we affirm that we are acquainted with better medicines, and that they should, like all other inferior remedies, become obsolete.

"4. We deny the necessity of using any remedies really injurious to the patient.

"When you inform physicians said to be well educated in the old colleges, that there are better and more powerful remedies than the mercurials—articles better adapted to act on the liver, and which will act on the liver when calomel totally fails, they will stare at you in astonishment, or flatly deny it. Our colleges, societies and authors are in general profoundly ignorant upon this subject—stubbornly and willfully ignorant—ignorant as was the

inquisition which condemned Gallileo for maintaining the rotation of the earth—ignorant of the medicines that we employ, and of their properties—ignorant because they were educated in the mercurial system of practice, and are too sluggish or too stubborn to learn anything else.

"All candid physicians will acknowledge that Paracelsus introduced a poison which has been destructive to millions; which, as Watson says, is a two edged sword. Many will acknowledge that mercurials, taking their whole history together, have done more harm than good—have poisoned or killed more than they have saved; and taking into consideration all the evils of mercury, antimony, opium, arsenic and the lancet, a large number of even the medical profession will acknowledge that medical practice, upon the whole, has been of no benefit to mankind; for the harm that it has done has been fully equal to the benefit. This was distinctly acknowledged by the leading medical authority in Great Britain—the editor of the ablest Medical Review in England—the royal physician, Dr. Forbes. He had the manliness and candor to acknowledge the entire failure of old school medicine, when he examined the statistics. He reasoned thus: Homœopathy is absolutely nothing, but allopathy exhibits results which are either worse, or no better than those of homœopathy. Consequently, allopathy does no good in diminishing the fatality of disease; and as old medicine is a grand failure, he could only hope that something else would come on; that young physic should arise and restore us a benevolent science.

"And how does allopathic medicine compare with a rational or eclectic treatment? I would only refer to the history of cholera in this city. The mortality in cholera, which was acknowledged by old school physicians, varied from 20 to 50 per cent. In many cases it was more than 50 per cent in England and in France, under the most eminent physicians. Under the eclectic treatment in Cincinnati fifteen hundred cases yielded but sixty-five deaths, the mortality being less than five per cent. The result then was five times as favorable as the best old school practice, and ten times as favorable as the worst.

"5. We deny that a physician should be allowed to lose more than two per cent of all classes of patients, and affirm that those who have such a mortality are behind the present development of science, and unfit to be entrusted with the public health.

"6. We deny that we know enough of, or have attended suffi-

ciently to the materia medica, and affirm that improvement in that department is worth all other improvements in the profession.

"7. We deny that the functions of the brain should be omitted in a system of human physiology, as is now done in medical schools, and affirm the constitution of man cannot be understood without understanding thoroughly the seat of all his conscious vitality—his brain and nerves.

"8. We hold it to be a burning disgrace that medical science and the members of the medical profession should linger in the rear of human progress, and be the last to adopt improvements and discoveries."

What has been accomplished.

Eclecticism has been firmly established in the United States with its several thousand practitioners, and the success which has attended this practice has never been equaled. It has developed almost a new class of medical agents. The active principles of our indigenous plants have been introduced into general use by all the eclectic physicians and schools throughout the country.

These are called "eclectic remedies" by the standard authors in the old as well as the new school. They are extensively used at this time in Europe as reliable remedies.

State and National Position.

The history of every state in the Union, except three, shows that at some period of their history the allopathic physicians have had laws passed which gave them an entire monopoly in the practice of medicine. They claimed that they alone were prepared to teach and practice the healing art, and that no person except those who fully adopted their own views should be allowed to practice medicine. The first work of reformers was to break up this monopoly, and have the legislatures of the several states to repeal such odious laws and force men to stand or fall upon their own merit. The petitions signed by tens of thousands of the people from every state soon accomplished the object so complete that for several years past not a single statute is found to contain a law which gives any one branch of the medical profession an advantage over the other. In all the varied legal relations they are upon an equal standing.

By an act of Congress of 1862, regulating the internal revenue and stamp duty, the "United States Eclectic Dispensatory" and "Text Books," and the "United States Dispensatory" of the allo-

pathic school, and the "Homœopathic Dispensatory," were all placed on the same footing. This constitutes our national recognition.

The Eclectic Literature.

Since 1845, the gentlemen connected with the Eclectic Medical Institute of Cincinnati, have issued the following works: Of the "Eclectic Medical Journal," a monthly periodical of from 44 to 68 pages, there has been issued 40,000 volumes; of "Newton's Express," a monthly quarto, 260,000 copies; of "Medical Tracts" and "Annual Circulars," 200,000 copies; by Professors Morrow, Jones and Sherwood, two large volumes of the "Eclectic Practice of Medicine;" by Professors J. King and Robert S. Newton, the first edition of the "United States Eclectic Dispensatory;" by Prof. John King, the sixth edition of the "American Dispensatory," one large volume on "Obstetrics," one volume on "Diseases of Women," one volume on the "Microscope," and one "Chart on Urinary Diseases;" by Professors W. Byrd Powell and Robert S. Newton, one large volume on the "Eclectic Practice of Medicine," one large volume on "Diseases of Children;" by Prof. W. Byrd Powell, one volume on the "Human Temperaments;" by Prof. Robert S. Newton, "Symes' Surgery, with notes and illustrations;" one large volume, "Chapman on Ulcers;" one volume "Pathology of Inflammation and Fevers;" by Professor J. R. Buchanan, some 50,000 volumes of his "Journal of Man," one large volume of "Anthropology;" by Professors L. E. Jones and J. M. Scudder, one volume on "Therapeutics and Materia Medica;" by Prof. J. M. Scudder, one volume on "Diseases of Women," one volume of "Eclectic Practice of Medicine;" by Prof. B. L. Hill, one volume of "Eclectic Surgery;" by Prof. J. M. Sanders, two editions of "Gregory's Chemistry," one work on the "Compound Blowpipe;" by Prof. Bickley, one volume on "Physiological Botany."

There have been several volumes issued by gentlemen not connected with this school, but belonging to our practice. There is an Eclectic Medical Journal issued at Philadelphia in connection with the eclectic school of that city.

By Prof. Wm. Paine, an "Epitome of the Practice of Medicine;" by Dr. Wooster Beach, of New York, three volumes on the "Practice of Medicine," one volume on "Obstetrics," one volume on "Physiology," one volume "Medical Dictionary," and one volume "Domestic Practice;" by Grover Coe, M. D., one volume on "Con-

centrated Organic Medicines;" by Professors Calvin Newton and Calkins, a volume on "Diseases of the Chest;" by Professors Hadley, Reuben and Dolley, four volumes of the "Eclectic Medical Journal;" by the National Eclectic Medical Association, one volume of its "Transactions."

To this list might be added several other publications, emating from members of the eclectic medical profession.

Our dispensatory and materia medica contain a large number of valuable remedies not recommended or used by the allopathic school of practitioners. The work on "Concentrated Organic Medicines," by Grover Coe, M. D., of New York, as well as other published eclectic works, contains some fifty remedies belonging to our indigenous materia medica, of the most valuable kind, which are not (with the exception of a few) contained in the works of the old school, or used by its practitioners.

W. Byrd Powell M.D.

C. Van Benthuysen & Sons, Albany, N.Y.

ARTICLE VII.

A Remarkable Discovery in Human Physiology, and its reduction to a beautiful, simple and practical science. Submitted respectfully to the consideration of the Eclectic Medical Society of the State of New York, by W. Byrd Powell, M. D., Covington, Ky., June, 1864.

The Eclectic Medical Society of the State of New York:

Gentlemen—Having, as I believe, made the most important discovery ever announced to our race, and wishing to have it examined, with a view to its establishment and dissemination, I transmit to you, through your corresponding secretary, an epitomized exposition of it.

In an effort to discover the remote cause of scrofulous forms of disease, I discovered that the most physiological parties of our respective sexes are frequently so physiologically incompatible as to entail on their children blindness, deafness, monstrosity, moral depravity, idiocy, imbecility, a scrofulous diathesis, or some other abnormal condition. This is my discovery. And as relates to scrofula, I succeeded—that for which I began my research—for now, after an observation of twenty years, I do not doubt, indeed, I am sure, that physiologically incompatible marriage is the cause of the scrofulous diathesis, and consequently the remote cause of scrofulous forms of disease.

When I came to have no doubt of the fact of this discovery, it became suggested to me that its value to our race would be inestimable in the event it was reduced to a simple and practical science, and this, by an unremitting observation and study for twenty years, I have effected, and denominate it the

Science of Physiological Marriage.

The human temperaments, according to the Hippocratic system, are the elements of this science. Although the Hippocratic system has found a more general acceptation by the medical profession than any other; yet it is with much regret I am compelled to add that so little attention has been given to it by the profession at any time since the demise of its great discoverer, that I have no cause to believe that any physician either has or does

live who sufficiently understood this subject to practically test the verity of my discovery, in all its relations with the exception of a few who have been my pupils.

The subject, however, is not occult, but exceedingly simple, so much so, that of all the known sciences this I believe to be the most simple, and therefore the most easily acquired.

The Hippocratic system of the temperaments, comprises four elementary conditions which he denominated the *sanguine* the *bilious*, the *lymphatic* and the *melancholic*.

Physiologists have, I believe, by general consent, concluded that the fourth condition is a pathological rather than a physiological condition, and therefore do not regard it as a temperament. When I began the investigation of the compound temperaments, at least, as it obtains in civil society, and that, without a knowledge of the fourth, no advance could be made in the study of the compound temperaments. This induced me to suspect that Hippocrates had discovered the fourth temperament, and that it was probably the one he denominated melancholic; hence I conceived it indispensable that I should find a representative of it, and for this purpose I labored by observing and traveling for seven years; but I failed to find the condition described by Hippocrates, and I failed to find any physician or professor of physiology who knew anything of it. But though I failed in the purpose of my research, yet I was fortunate, for I discovered what I then, and do still, regard as being the truly fourth temperament of the Hippocratic system and nominated it the *Encephalic* temperament.

This discovery so illuminated the subject as to remove from it all occultness. This was in 1832, and ever since I have found no difficulty in authenticating the compound temperaments with living subjects or denuded crania. After making this discovery, it was not long before I recognized the condition which Hippocrates denominated the melancholic. It was a compound of the bilious with the one I discovered—the encephalic—and which I denominate the bilious encephalic. It was apparent to me that Hippocrates, approximated the discovery that I made—that is, he discovered one of its compounds. I have not now a remaining doubt, and have not had for twenty years, that my discovery of the encephalic, temperament completes the Hippocratic system. The subject was so exceedingly occult before I made this discovery, that I am not surprised at the almost universal ignorance of the profession in this relation. As some acquaintance with this

temperament is necessary to an understanding of the exposition I am making, and as no notice of it obtains in physiological works, it is proper that I should treat of it briefly, at least, in this place.

The Encephalic Temperament.

This temperament has no diagnostic complexion—it may be either fair or dark. It is, however, distinguished by a large head, a tall, broad, and massive forehead. The facial features are sharp and lean; the muscles are small, feeble, and flacid; the thorax is small and contracted; the abdomen gaunt—having the appearance of being disemboweled. The pulse is small and feeble, and all the vital functions, except absorption, are fully and tardily manifested. People of this class are capable of profound thought and emotion, but never of powerful, and are unusually liable to monomania. Precocity of genius more frequently obtains with this class than any other.

This temperament consists of a high development of the cerebrum and a small development of the cerebellum. This condition satisfactorily explains, physiologically and anatomically, the description I have given of it.

The late Edgar A. Poe, of New York, was a representative of this class.

For the purpose of elucidation, I divide the four elementary temperaments into two classes—the *vital* and the *non-vital*. The sanguine and the bilious temperaments constitute the former, and the lymphatic and encephalic the latter.

For a proper understanding of my subject, a clear conception of the origin of the temperaments, respectively, is, I think, indispensable, therefore I must treat of their origin.

Origin of the Temperaments.

Of the Sanguine and the Bilious Temperaments.

Forty years of observation have satisfied me that, without the agency of one or the other of them, there can be no reproduction or transmission of life. This circumstance, and the fact that I have discovered no secondary cause for their existence, induce me to infer that they are original or primitive—that they came with man into existence.

The non-vital temperaments I regard as having originated in influences which are incidental to civilization, and firstly of the lymphatic. I assume, because universally conceded, that wealth is a result of civilization. Wealth induces a relaxation from trial

or labor, and also induces many indulgences which more or less enervate the vital powers, and hence a lymphatic repletion of the cellular tissue in an originally vital condition, as the sanguine or bilious. In support of this conclusion, I will state that, though I have been much among our primitive peoples (the Indians), I have found no lymph amongst them. Some of them are considerably obese; but this is true also of other primitive animals, as the deer and the buffalo, &c. Some physiologists have represented the Esquimaux people as being a lymphatic people; but this is evidently an error—they are obese; and obesity is an essential condition of animal life in their climate. Again, all observing physicians must have observed the development of the lymphatic condition in idle loungers about the lager-beer saloons of our cities. Who has not known young people of both sexes who were very lean become lymphatic?

Of the Encephalic Temperament.

Care, study, mental activity, responsibility, and sedentary habits are as exclusively incidental to civilization as wealth is, and the four first of these conditions develop the cerebrum, and the last reduces the cerebellum or does not develop it, and thus that organic condition that constitutes the encephalic temperament is produced. I have never observed this condition amongst our Indians even partially developed. Finally, I have observed sanguine, bilious, and sanguino-bilious students of law, medicine, and divinity, and also such of these classes as held responsible positions in banking and commercial houses, in a few years become considerably encephalic. A young physician, now at my side, who has been more or less my student for several years, has passed from the sanguino-bilious temperament to a sanguine bilious encephalic temperament. These observations have left me no room to doubt that the encephalic temperament, like the lymphatic, is a result of civilization. It is now understood why the lymphatic and encephalic temperaments have respectively no diagnostic complexion. For they exist as founded on a vital temperament, and when that is bilious the complexion is dark, and when sanguine it is fair. The non-vital temperaments have resulted from civilization, and they are indispensable to its high advancement; and although both of them are vitally feeble, and in the abstract but of little value, yet by their combinations with the vital temperaments, many highly useful and ornamental modifications of humanity are produced. Nevertheless,

in civil society, when either class, the vital or non-vital, acquire a predominance, the tendency of civilized communities is to extinction. It is the production of the non-vital temperaments that rendered the discovery of the science of physiological marriage a *sine qua non* to the perpetuity of the civilized races of our genus, and it was not discovered too soon, for five-sevenths of our marriages are now more or less incompatible and productive of mischievous consequences, and hence an alarming increase of imbecility and scrofulous forms of disease. The time has arrived when our physicians must cease to refer all cases of scrofulous disease to ancestral inheritance, for ninety per cent of them are referable to incompatible marriage.

PRINCIPLES OF THE SCIENCE OF PHYSIOLOGICAL MARRIAGE.

Firstly. When the respective parties to a marriage are so physiologically similar that an appreciable difference between them cannot be observed, sterility will be the result of the marriage. Illustrations: General Washington and his wife were respectively sanguine, and their marriage was sterile. General Jackson and his wife were respectively vital, he was bilious-sanguine and she was bilious, and their marriage was sterile. The marriage of the first Napoleon and his first wife was sterile. His constitution was sanguino-bilious, encephalo-lymphatic, and his wife, Josephine, was bilious encephalic, hence they were highly dissimilar in personal appearance, but between them there was vitally no appreciable difference, because they were respectively compounded of equal portions of vital and non-vital conditions.

Secondly. When the constitutional condition of married parties is nearly but not entirely the same, offspring may result, but it will be idiotic, imbecile, blind or deaf, or scrofulous, and die in infancy; and the last result is much the most frequent. Illustrations: The marriage of the first Napoleon with his second wife presented this condition, her constitution differed from his only in having no lymph. This difference brought them one son, but it was too small to secure to him life to adult age; he died of a scrotulous affection at the age of eighteen years. The marriage of the Hon. H. Clay was incompatible, he was sanguine bilious encephalic, and she was sanguine encephalic. This difference was not sufficient for a normal progeny. Two of their children died in the morning of life of a scrofulous affection—phthisis; and in the morning of life two others became insane, and so they continue, I believe.

Thirdly. The greatest difference that can obtain between the respective sexes when they are respectively of the same species, is that which obtains between a vital and a non-vital temperament, and this difference is the most favorable to a soundly viable progeny. Illustration: There lives in Hamilton county, Ohio, a married couple who are respectively vital and non-vital. They have thirteen sons, and all of them have a fine promise of life and usefulness; they have lost no children. But as our entire country could not furnish half a dozen such marriages, it was necessary that a case of more general or frequent application should be discovered, and the following is such a law: I define a physiological marriage to be such as is compatible with a normally sound and useful progeny. Law fourth, or,

Fourthly. In all marriages contracted with a view to, or a hope of, a sound and usefully constituted progeny, one of the parties must be vital, that is sanguine, bilious, or sanguino-bilious (the sanguino-bilious being a compound of the sanguine, and the bilious is also vital and may in any marriage re-place either of its compounding elements) and the other party must as certainly be more or less non-vital—that is, more or less lymphatic, and the more so the better, and less so than a third is not advisable. All marriages in contravention of this law will entail on the resulting offspring consequences unfortunate in proportion to the delinquency.

It is with great difficulty that the children of physiologically incompatible parents can be successfully medicated when sick; very simple forms of disease in the children of such parents prove fatal, in defiance of any skill or medicine known to the profession.

The time has arrived when physicians must cease to attribute all scrofulous forms of disease to ancestral inheritance, because, not less, I think, than ninety-five per cent of such forms of disease are now attributable to physiologically incompatible marriage.

The practical application of this science requires not only a familiar acquaintance with the four elementary temperaments, but also with their ten regularly formed compounds. For the purpose of greater simplification, I will present this subject in a tabular form.

1. The sanguine temperament.
2. The bilious temperament.
3. The lymphatic temperament.

4. The encephalic temperament.
5. The sanguine-bilious temperament.
6. The sanguine lymphatic temperament.
7. The sanguine-encephalic temperament.
8. The bilious-lymphatic temperament.
9. The bilious-encephalic temperament.
10. The sanguine-bilious lymphatic temperament.
11. The sanguine-bilious encephalic temperament.
12. The sanguine-encephalo lymphatic temperament.
13. The bilious-encephalo lymphatic temperament.
14. The sanguine-bilious encephalo-lymphatic temperament.

The temperaments indicated by Nos. 1, 2 and 5 are respectively compatible with those indicated by Nos. 3, 4, 6, 7, 8, 9, 10, 11, 12, 13 and 14 respectively. Neither two of the conditions indicated by 1, 2 and 5, are compatible, and neither two of the conditions indicated by 3, 4, 6, 7, 8, 9, 10, 11, 12, 13 and 14 are compatible in marriage.

The most appropriate conclusion I can give to this exposition is, I think, the history of a few cases of my practice in this new science.

Four or five months ago a sanguine billious-encephalic gentleman called on me with the photograph of a young sanguine-bilious lymphatic lady, and requested my opinion of the adaptation of her constitution with his own. I informed him that her constitution and his were so incompatable that if children should result they would die in infancy of scrofulous affections. At this announcement, his physiognomy greatly elongated, and he responded by taking himself off. On the next morning he called again, and asked me if I held my opinions to be infallible. I responded, "I do not, sir, but I think it will puzzle you to discover their fallibility. He rejoined, "will you allow me to try?" I answered, "As you have paid me for my opinion, you are entitled to satisfaction, therefore you can try me till you are satisfied." He rejoined, "I do not wish to break off my engagement with that lady without a conviction that it is my duty to both her and myself, and I have with me the photographs of two married couples, and if you will give me your opinion in relation to them it will aid me to come to a decision in my own case—will you do it, sir?" "I will." He handed me one pair of the photographs—I said, "these parties are compatible, hence their children are sound

and of good promise." He rejoined, "you are right, sir; they are my parents; they have had nine children—raised them all, and I am the youngest, and I am twenty-five years old." He handed me the other pair, and I said, "these parties are very incompatible, so much so that I think their marriage has proved sterile; but if otherwise, then it was worse, for their children did not live longer than a few weeks." He rejoined, "you are right again, sir; they are my brother and his wife; they have been married nine years and have had no children; and now, sir, I am convinced that it is difficult to discover the fallibility of your opinions, and that it is hazardous to act in contravention of them."

A legal gentlemen called on me some time since and inquired, are you Prof. Powell?" "I am, sir." "Well, sir, I have been, as I believe, credibly informed that if you see a married couple, or their portraits, you can tell whether they are fit for progenitors or not—is it true, sir?" "It is." "Well, sir, it has always appeared to me reasonable to suppose that human nature possessed the elements of a science of its most important function—the reproductive; but as I had noticed in the literature of the day no information that such a science had been produced, I was not prepared to credit the information I had of you, so I consulted half a dozen physicians about it. They assured me that your pretension amounted to an impossibility, and that you were an unparalleled humbug." "Possibly I am, sir, but I entertain a very different opinion of myself, and I would not have you to leave me with the opinion they entertain without more evidence of its verity than they have had." "I do not intend to, sir, for having business in your city, I came prepared to put you to the test of experiment, provided you permit such a liberty." "I do, sir, and am pleased to have them, because they furnish me new facts." "Well, sir, here is a daguerreotype of my wife—are we fit for progenitors?" "As both you and your wife have the indices of sound constitutions and good health, I think that you are in the abstract, but not in relation to each other." "Why, what is the difficulty?" "It is that your children die of tabes mesenterica, respectively, before attaining the age of six years." "You may stop, sir; you are no humbug, but my physicians are, for they pretend to understand both you and your subject, and yet they are ignorant of both. Is not the disease you have named scrofulous?" "It is, sir." "Do you see any indication of scrofula in me or my wife?" "I do not, sir." "In that opinion I am very sure you are correct, for I

have the history of my ancestry and also that of my wife for many generations, and no scrofulous disease was ever in either. Then, sir, how could scrofula appear in our children?" "The incompatability of the constitutions of you and your wife entailed on your children a scrofulous diathesis."

"I am strongly inclined to think that you are right, because, though ignorant of my family, you have inferred the whole fact from seeing me and my wife's picture. The facts, sir, are these: my wife brought me six children, four of them have died as you have said they would, the fifth is going the same way, and the sixth is an infant, and appears promising—must we lose it too?" "I think you will, sir." "My physicians insist that scrofula must at some time have been in the ancestry of either myself or my wife, but I do not think so. Suppose, sir, I had called on you as I have now done before I was married, could you have told me that what has happened would happen?" "The same, sir." "Would not this marriage incompatibility be a sufficient plea to either party for a divorce?" "As the law regards the object of marriage to be children, it should be a sufficient plea for a divorce, and the time will possibly come when it will be, but not now I think." "But why not now?" "Because it is not known to our courts, physicians, or people." "Why, is it not understood by the physicians of your city?" "It is not, sir, with a single exception, and that one is a medical lady, and I have observed no probability that physicians generally will ever understand it." "Why not, sir?" "Because they have not the time to spare from denouncing me as a humbug to investigate it." "But, sir, if you please, how has it happened that a knowledge of it is confined to you and one lady?" "I discovered it, and the lady learned of me—this is the whole of it, sir." "Beyond any doubt, in my mind, you have the prince of all the sciences, and our physicians will have to bestir themselves, for the people will not long tolerate their ignorance of it—it is too important to society. Is not this discovery embraced by the medical profession?" "It is." "Then, sir, the people have a right to the benefit of it through their physicians, and they will soon demand it. Is it difficult to learn?" "It is not, sir; any one of respectable mind can acquire it of me in two weeks."

One case more, out of the three hundred of which I have memoranda, must suffice.

Some time since a middle-aged husband and wife called on me, and he inquired: "Are you Prof. Powell?" "I am, sir." "Well,

sir, my wife and I have been told that if you see a married couple you can tell what luck they will have in regard to children—is it true, sir?" "It is." "Well, sir, we have called to get you to tell us, if you please." "I think from your apparent ages, respectively, that you have had your luck and know more about it than I can tell you." The husband laughed, and said: "As to that, sir, you are right, but we desire your opinion of what it has been." I suspected they had been sent by some of my old fogy brethren to balk me, but as they had an honest appearance, I resolved to give them my opinion, and said: "Your luck has been of the worst possible character; for if your wife has had children, three-fourths of them were dead born, and the others did not respectively live a year." He rejoined: "Allow me to inform you, doctor, that a more healthy couple than my wife and I have always been cannot be found in the State." "I believe you, sir; nevertheless, I cannot change the opinion I have expressed." I now interrogated the wife: "Have you had children, madam?" "Yes, sir, eleven." "How many of them were dead born?" "Nine, sir." "How long did the other two live?" "Only a few months." Questions to the husband: "Were not you and your wife sent here to try me?" "Well, doctor, I won't lie; we were. Two doctors, who have known us ever since we were married, thought us to have been so sound and healthy that you could not tell what our luck had been." "Were they not old school doctors?" "Yes, sir." "I wish you to tell them they are brainless asses." "I will do it, for they had no business to send us on such an errand."

Although this science is exceedingly simple and easily required from a practical teacher, yet with all the literary resources at the command of the profession, I doubt whether the most gifted member of the profession could in forty years become a practical proficient, and yet, by the aid of a competent teacher, any respectably endowed lady or gentleman can acquire it in two weeks. A lady recently acquired a practical knowledge of it by my help in eight days. There is now a great demand for popular teachers of this science.

ARTICLE VIII.

Abnormal Changes in the Blood. By J. T. BURDICK, M. D., Brooklyn.

When the continuity of a fleshy part is divided, forthwith there issues a crimson fluid which is known under the appellation of blood. It represents the materials of which the organs and tissues of the body are composed. It is "the center around which the general metamorphosis of animal matter revolves, and in which it is perfected."

Proximate analysis shows that it is water holding in suspension and solution three classes of substances, viz.: *Organized Bodies*, *Organic Elements*, and *Inorganic Materials*.

Under certain circumstances it resolves itself into *two* parts—liquid and solid, known as the liquor sanguinis and the crassamentum or clot.

The following analysis will, I think, be found philosophical and convenient. As the blood is composed of both organic and inorganic materials, it is divided into two corresponding divisions.

The organic division is composed of *Organic Elements*, which are albumen, fibrin, hæmatine, fat, sugar, &c.; and *Organized Bodies*, which are the corpuscles. The corpuscles are divided into leucocytes, red globules and globulins.

The inorganic division is composed of *water*, minerals and gases.

The arrangement proposed by Prof. Austin Flint is commendable for its simplicity, comprehensibility and the ease with which it is applied to pathological variations. The constituents of this complex fluid are classified by Prof. F. in three groups.

1st. The *Group of Corpuscles*, including globulins.

2d. The *Group of Organic* Elements.

3d. *Group of Inorganic* Elements.

In health these groups are relatively proportioned to each other, not definitely to be sure, but possessing limits which exceeded, are changes which are abnormal and constitute disease. What the normal relative properties are may be incidentally remarked while considering some of the specific morbid changes.

It will be confessed that the blood bears intimate, peculiar, and important physiological relations to each and all of the

tissues; consequently abnormal changes will produce pathological phenomena in the organs; but its vital relations to the organs are constantly varying its complexity. For their nourishment it receives new materials from the daily *ingesta* of food. By the discharge of function it derives *effete* matter from the corresponding decomposition of tissue; the glands secrete and excrete from it without cessation; change and interchange occur in its gaseous elements at every inspiration. In activity and mobility it is unceasing, yet in health it maintains a general uniform consistency and composition. But it is rational to presume and anticipate that abnormal changes are very liable where variations are so numerous and so frequent. The abnormal changes which may and do frequently occur in the first group of constituents are of three kinds; first, an increase or relative excess of corpuscles; second, a deficiency of corpuscles; third, a change in the form of corpuscles, or malformation of corpuscles.

The healthy proportion or nominal standard of corpuscles, especially of the red globules, differs in different animals, races and individuals. They appear to bear a certain relation to vigor and activity, and the average normal range in man is about 125 in 1,000 parts.

As an example of disease from hypergenesis of corpuscles, we may notice plethora, in which is presented a condition of the blood where the number of red corpuscles is actually increased beyond the healthy limit. Many conditions of the blood are oftentimes wrongfully termed plethoric, because the true conditions of plethora are not appreciated. Over-repletion, fullness of the blood-vessels, or increase of the whole blood mass, does not constitute plethora. In cholera the water of the blood, together with various elements held in solution, transudes and drains away through the bowels, leaving the red globules relatively in excess although actually diminished, of course the density of the vital fluid is greatly increased, but the conditions of plethora are far from being present, as that term is or should be confined to an actual increase of red globules without regard to the blood mass, which increase of the whole blood mass is described and comprehended under another term, to wit, polyæmia.

Experience has shown that it is not easy to produce any permanent diminution, or reduction in the mass of the blood or contents of the blood vessels, but a reduction of the number of red corpuscles is frequently seen. Deficiency of corpuscles occurs more

frequently than hypergenesis of corpuscles. It is literally impoverished blood, and is known under the name of anæmia. It induces a multiplicity of phenomena and pathological changes, and is itself induced by a variety of causes, some of which are not always apparent. It is therefore closely allied to many organic affections, either as a cause, or as an effect of them. Its causes, however, may be divided into two classes: 1st. The preventive, or those which interfere with the development and growth of corpuscles; and, 2d. The destructive, or those which destroy them after once developed. Among the first class are defective and inadequate supplies of food, impaired digestion, &c. Among the latter class mercury is prominent. Prof. Flint, when speaking of means to cure plethora, says: "Certain medicines appear to exert a direct effect upon the number of red globules; mercury is such a remedy, as shown by the pallor which accompanies salivation." This fact has been probably overlooked by a majority of our profession, else why is its use continued in those forms of disease where philosophy indicates the importance of preserving this group of the blood constituents? Here I apprehend lies the chief cause of the fatality which attends pyrexia, whether in the form of remitting, typhoid, typhus, ship, scarlet or other fevers, when this agent is administered.

Another active cause of anæmia is hæmorrhage. It acts in two ways to diminish the corpuscles: 1st, by absolute loss of the number included in the mass of blood lost, which, however, does not directly diminish the relative proportion, but as the volume of the blood is restored almost immediately by the influx of water without a corresponding increase of saline ingredients, whereby the density is again abnormally changed which in its effect upon the remaining corpuscles tends to produce the third corpuscular abnormal change, to wit, malformation of corpuscles, as well as destruction of the same. These facts present powerful and unanswerable arguments against venesection as a therapeutic agent.

I shall attempt to classify the abnormal changes in the blood by arranging them in four groups, as follows:

1st Corpuscular variations.	Hypergenesis of Corpuscles. Deficiency of Corpuscles. Malformation of Corpuscles.
2d. Variations in the organic elements.	Excess of one or more of the organic elements. Deficiency of one or more of the organic elements.

3d. Variations in the inorganic elements.	Deficiency of one or more of the inorganic elements.
	Variations in the relative proportion of the gaseous elements.
4th. Changes from toxical causes.	Pathological conditions due to the presence of intrinsic poisons.
	Pathological conditions due to the presence of extrinsic poisons.

It would exceed the circumscribed limits of this paper for me to remark at length upon an example of each of the foregoing groups and subdivisions. An exhaustive thesis on this subject would of itself make a respectable volume. Carcinoma, cirrhosis, chlorosis, phthisis, &c., are all the results of abnormal changes in the vital fluid, as well as variola, rubeola, typhus, pyæmia, hydrophobia, &c., which are due to toxical agents, extrinsic and intrinsic, acting upon the blood.

Pus, infections, miasms, contagious viruses, virulent venoms, palpable and impalpable poisons, all exert their malicious influences more or less directly upon the constituents of the life current, and produce corresponding pathological conditions.

I would like, however, before drawing this paper to a close, to make a remark concerning the remedies used for correcting some of the effects of *variations* in the inorganic elements.

We hear much of late about chemical foods, preparations of the phosphates, &c. It might not be without benefit for us to enquire how philosophical the reasonings of some of the would-be scientific philanthropists are. Doubtless many persons have favorably received the apparently plausible theory that if some of the inorganic materials necessary for the growth of certain tissues be deficient, it would be wise to supply them in proper proportions in food or medicines prepared by chemists for the express purpose. But it must be confessed that many facts in chemistry, especially in organic chemistry, knock these hypotheses to the ground.

Rachitis seems to depend upon a want of sufficient calcareous material to form perfect osseous tissue. How often do we hear it said in such cases "there is not lime enough in his bones." Reasonably enough, lime is wanted and recommended, but in what form? Generally in the form of a carbonate or a phosphate, because, it is said, and truly too, that the earthy constituents of bone are principally carbonate and phospate of lime. The same agents are

recommended for tardy dentition with a view of supplying that which appears to be deficient.

Discharge of function implies and involves destruction of tissue, which is destroyed by becoming oxydized. Always after severe exercise, we find the excretions sensibly increased, and if we will take the pains we will find that there is a proportionate augmentation of *effete* matter, much of it in the form of phosphates, carbonates, &c., and I believe that these salts never appear in the blood unless as the product of disintegrated and worn out tissue *to be eliminated.* Phosphates and carbonates being of the highest degree of oxydation can be of no further use, and are incapable of assimilation. Chemical affinity and physical forces are the same in the body as out of it. Phosphates and carbonates, as medicines (except as aperients and anti-acids), are useless.

How then, it may be asked shall we supply inorganic materials that are evidently deficient in the blood? By administering them in as low a degree of oxydation as can safely be done. Many may be given in solution, as phosphorus in oil, or even in water; the hypophosphites present a safe and commendable form. Some articles of food are richer in assimilable inorganic materials than others. Eggs and oysters are excellent as articles of diet for children of tardy growth. Some of the mineral waters answer well as medicines in cases of deficiency of certain salts in the blood. But it is my belief that in puny, sickly infants, such articles of diet as will favor the development of the red globules will be found most appropriate. Though the functions of the red globules are not definitely understood, their importance has been frequently demonstrated. Animals bled nearly to death are suddenly reanimated by injecting into their veins red corpuscles suspended in serum, which effect does not follow a like "introduction of the other constituents of the blood without the red corpuscles." In proportion to their number is the temperature of the body raised; the brain is correspondingly stimulated, mental energy is increased, and sensibility and muscular force augmented; the impulse of the heart is increased, the physical and mental powers are more active; while a deficiency of them shows the reverse of these conditions. It is appropriate for me to say here, that a pure atmosphere is essential for their healthy and rapid development.

Af er all, hygiene should be the chief study of the physican.

ARTICLE IX.

Ancient and Modern Eclecticism in Medicine—the Old Fathers in Medicine—their Works contrasted with Young Physic. Delivered before the Eclectic Medical Society of the State of New York, at Cooper Institute, June 8, 1864. By ROBERT S. NEWTON, M. D., of New York.

Among the occult sciences of Egypt, which country may be said to be the cradle of all the sciences known to antiquity, we find the science of medicine, under the custody of the Thaumaturgists or priests of the mysteries, in the temples of Isis and Osiris. Medicine, with the various other arts and sciences then known and practiced, was kept as a sealed mystery, only to be revealed to the initiated. In the healing art, charms, incantations, and magic were resorted to; and we may remark, in passing, that history, in this particular, has been found repeating herself in the incantations of the medicine men among the Indians, and the revelations of the medical clairvoyants of modern times. Nor, indeed, has medical science, in the astonishing progress it has made, entirely separated itself from the mystery and superstition which originally invested it. Witness the technical terms given to medicine, and to the prescriptions for their use. One would think that all the other sciences which were veiled in mystery and hidden from the public gaze, were only worthy of being brought to light and popularized but the science of medicine.

Outside of the grim iron barrier which concealed in its mystic darkness all that was known of the healing art, there was nothing until the days of Chiron, a Grecian, who had been initiated into the Egyptian mysteries about thirteen hundred years before Christ, and who bore the sacred treasure as Cadmus did the letters from the hiding place in Egypt to Greece. Among the number of his pupils was Esculapius, who, for his wonderful attainments and distinguished services, was deified after his death. With the death of Esculapius and his sons, Machaon and Podalarius, there occurred a total blank in the history of medicine, comprehending an interval of many centuries. Pythagoras, a Grecian, from the tomb of medical science which had been buried for centuries, in the six hundredth year before the Christian era, evoked the spirit of therapeutics, and devoted his attention to the study of anatomy and

physiology. He visited Egypt and was initiated into its mysteries, and from the priests of the temples availed himself of all the knowledge pertaining to the occult sciences—more, however, with a general view to philosophic inquiry than to perfect his acquaintance with medicine, as he had no design of making it a profession. The great advantage derived from these investigations was the awakening of a spirit of research among Grecian philosophers, and divesting the science of medicine, with that of other sciences, of the mystery and superstition with which they were beclouded.

One hundred years later, Hippocrates appeared as a cultivator of medical science. He was the first eclectic. Setting himself to work to the abolition of superstitious errors, he introduced a new method of investigation, effected a total revolution, both in theory and practice, and maintained a transcendant authority over the minds of his successors for many centuries; so much so, that by the unanimous consent of posterity he was dignified with the title of "Father of Medicine." He was a cotemporary of Socrates, Plato, Pericles, Herodotus, and Thucydides, and hence lived in the golden age of Greece. His works formed the basis of after investigation in the science of medicine, and the world is indebted to him for valuable contributions to science.

Among the immediate successors of Hippocrates, we may mention Diocles, Praxagoras, and, though not exactly in the medical line of succession, Plato and Aristotle, both of whom devoted a portion of their researches to the investigation of those branches of science that are nearly connected with medicine. We have not the time to trace the progress of medical science from year to year, nor to mention the distinguished names of the profession; suffice it to say, that the profession continued a unit both in theory and practice until the establishment of the School of Medicine in Alexandria, Egypt, when there arose a dissension; and the faculty were divided into what were called dogmatists and empirics—the former making the treatment of disease to depend upon the structure and functions of the animal organism, and the changes produced in the same by morbid causes; the latter denying the possibility of such knowledge, contending that the sole guide in the treatment of disease must be experience either derived from personal observation, or the testimony of others.

In this rapid and necessarily imperfect sketch of medicine, we must not omit to mention Celsus, the Roman, who may be justly dignified with the title of the "Father of Medical History." In

the second century of the Christian era, however, there arose a man more celebrated than any that had preceded him, not excepting the father of medicine himself—Galen of Pergamus. After having received a thorough education in all the philosophic schools of Greece, he entered upon the study of Medicine. After receiving instruction from various medical preceptors, and traveling extensively into foreign countries, he became so famed for his attainments in medical science, that the Roman Emperor Aurelius induced him to take up his residence in Rome. Rome had been for centuries without any medical science, and at the entrance of Galen possessed no physicians of any value compared with him. So powerful were the impressions made upon the minds of all in relation to the superior talents and medical skill of Galen, that his theory prevailed over all competitors, and he was regarded as an oracle for many centuries after his death. He remained, without a successful rival, as the greatest physician until the beginning of the eleventh century, when Avicenna arose—one of the most enthusiastic of students, and whose canon of medicine obtained the highest celebrity, and became the principal text-book in the different medical schools. Then followed Albucasis, Avenzoar, and Averroes. With these went out the light of medical science, and every other science in the gloom of the dark ages. After this period of darkness three lights arose in the persons of Stahl, Hoffman and Bœrhaave, the latter of whom was the eclectic of that day. Then followed Cullen, Darwin and Brown, together with others of less note, until the distinguished Bichat arose, who with Van Sweiten gave an impulse to medical eclecticism of the most salutary kind. Our limits will not permit us to go any further into the history of medicine. The revival of letters brought about by the Reformation extended the domain of medical science side by side with that of other sciences, and furnished the world with a list of worthies in the medical profession equal to those in any other department of science.

As all theories will have their followers, it is not to be wondered at that the medical profession has been divided into sects, nor indeed is it to be regretted, as independent investigation would thereby have been arrested, and an end put to progress.

There never can, and there never will be, unanimity of opinion in any science not embraced in the circle of the exact sciences. This is true in relation to the lowest and highest branches of knowledge. The Roman Catholic Church may issue her decrees

and send forth her bulls for the purpose of arresting the earth in her flight around the grand central luminary, and she may hurl her anathemas against the fiery messenger whose near approach creates dismay, but regardless of all these, the world moves on, and the comets pursue "the tracks of their roaming." In matters of faith regarding theological dogmas, she may add decree to decree for the purpose of preserving unity, and she may enforce belief by the rack and torture, but a Luther and Melancthon will break their fetters, and nail the thesis of their investigations to the open doors of the Reformation. The writings of the fathers of medicine may amuse, they no longer instruct, the primer has given place to the elaborate scientific treatise, just as the monkish legends have given place to sound and truthful theology.

The French institute counted eighty systems of geology which had been exploded by modern investigation. How many systems of medicine have passed away, and how many more are yet to be given to the moles and the bats, who can tell?

No man is a friend to science in any department of investigation, who would attempt to throw an iron barrier around his dogmas. The only possible sense in which he may be considered as a contributor to science, is furnishing a fossil remain for the cabinet of some future antiquarian.

If medicine, as it has been practiced, were not more uncertain than the "glorious uncertainties of law" itself, if as a science it could become fixed and definite, like the science of mathematics, then would there be some propriety in guarding its temple and blazoning upon its portal, "*procul! O procul! este profani.*" But there is nothing fixed definite or certain about it. The modes of disease and the modes of treatment are constantly varying, and he only is the honest and valuable physician who adapts his knowledge and skill to the ever varying circumstances.

Eclecticism rejects nothing of the past that is worthy of a place in the domain of true medical science, it adopts everything of the present that thorough investigation and experimental tests demonstrate to be valuable. While extracting the tares it is careful not to disturb the wheat. In its practice it does not destroy one disease by implanting another; by removing the tares it does not substitute dragons' teeth. Its materia medica, all embracing, professes to have remedies which exhaust themselves upon the diseases to which they are applied, so that when the disease is removed the remedy goes with it.

Hence it is that all agents that cannot be taken into the circulation of the various fluids, and assimilated without deleterious effects, and leaving the system infected after the original disease is removed, are discarded by eclectic physicians; of these agents we may mention mercury, lead, arsenic, antimony, &c., &c.

No eclectic physician who has taken a regular course in all the departments of medical science, and none others should presume to practice, should for a moment rest satisfied with the examinations through which he has successfully passed. He should have constantly before him a course of thorough and critical study, and bend all his energies to patient and protracted investigation in all the departments of medical science. It is essential that the public should have confidence in the medical faculty, and that they may, every practitioner should be a thorough scholar and perfect gentleman, moral and upright in all his habits and deportment. It would be better to open the doors to the pestilence than to invite to the confidence and sanctity of home a reckless and vicious physician; ignorance were better than skill associated with moral depravity.

The position occupied by the profession is such that physicians can exert a wonderful influence for good upon the community, and it behooves them to be true to the trust reposed in them, and meet like men the vast responsibilities by which they are surrounded. These considerations should rest with special weight upon those who claim to be reformers of medical science and medical jurisprudence, and they should labor most zealously to convince the world by superior medical skill and the exposure of mal-practice, that they are worthy of the name. In this age of progress and conflict of thought, when most of the sciences are in a transition state, it becomes every man of science, and especially every member of the liberal professions, to be constantly on the *qui vive* of inquiry, and to prosecute the work of investigation, pushing principles to their ultimates, until the absolute truth, if possible, is reached in everything connected with human knowledge and human happiness.

Can it be, should it be, that in the science of war, when a nation taxes its utmost energies to arrive at the greatest perfection in all things pertaining to the arts of warfare, and all other nations send deputations of military men to examine into the modes of attack and defence, and all the dreadful paraphernalia of the battlefield, where the object is to find how most effectually

human life can be destroyed—can it be, we repeat the question with tenfold earnestness, that more effort is put forth to destroy than to save human life? The engines of destruction are planted in open and disguised batteries in our midst and all around us, and shall we not labor unsparingly to find out means by which these batteries of death can be silenced, and their guns forever spiked. The world is full of compensations, evil exists, but good may predominate; vice stalks abroad, but virtue is equal to the task of meeting it in its bold open defiance and its hidden retreats, and vanquishing the hidden monster; disease openly or insiduously attacks, but remedies may be found for its prevention and eradication; the bane is here, but the more powerful antidote is at hand. To find and apply these agencies for good is the work of the philanthropist and the physician, and he is a quack who doubts or denies their existence and potency.

It ought in justice to be said that no reform within the last thirty years has made greater progress than medical reform, and while it has acted directly in developing the truth and correcting abuses in practice, it has reflexly in a silent but powerful manner, like the leaven in the meal, permitted the entire profession, as the modes of treatment and the remedial agents now openly or stealthily employed afford abundant evidence. Much however remains yet to be done. Reformers must act in concert. In union only is there strength, and nothing but a solid and persistent combination will enable them to succeed. The prestige of antiquity, of high sounding titles, of regal and influential patronage and social position, cannot be overcome by the occasional announcement of correct principles, and their silent and unostentatious practice. The one and the other must be brought prominently, fearlessly and frequently before the public, in lectures and essays, in pamphlets and books, until the true system shall be brought in contact with the thoughtful masses, and they shall be able to realize its importance and value. The ten thousand eclectic physicians scattered over the continent, while they show how great has been the progress of reform in this school of medical science, are not a tithe of what should be in the field. "The harvest is great, but the laborers are few." The eclectic medical college located in the West is adequate to meet the wants of that vast and growing region, but what shall we say of the East with its "hub of the universe," and the metropolis on its rim? An eclectic medical institute, liberally endowed, should be

in existence to-day in this great center of commerce, art and science, eclectic as the Cooper Union, and as munificently furnished in all its appointments. The friends of reform must do more than wish well for its success, they must be willing to labor and make sacrifices of time and money to carry forward the grand enterprise in which they are engaged. We have already an eclectic medical library and text books on the theory and practice of medicine materia medica, therapeutics, surgery, obstetrics, diseases of women and children, pathology, a dispensatory equal to any extant, besides many other collateral works and ably edited eclectic medical journals.

The friends of eclecticism throughout the country look with confidence for the co-operation of the eclectic medical society of the great State of New York, for prompt, efficient and persevering action; that from this great center may go out broad-cast over the land the good seed of reform in the practice of medicine, and thus make the organization one of the greatest benefactors of the country.

This society proffers a welcome hand of friendship to all schools, societies and practitioners who are laboring in the field of medical reform, and promises a hearty co-operation with all for the complete triumph of the AMERICAN ECLECTIC SYSTEM OF MEDICINE.

ARTICLE X.

Semi-Annual Meeting.

Delavan House,
Albany, *January* 18, 1865.

The Society was called to order at 11 o'clock, A. M., by the president, Dr. Robert S. Newton, and Dr. Wm. W. Hadley was appointed secretary pro-tem. After reading the minutes of the previous meeting, the following gentlemen presented themselves for membership, as fellows of the Society, and were, on motion, duly elected:

Dr. Charles Brown, East Avon; Dr. Thomas Robens, Quaker Springs; Dr. J. J. Sharp, Tuscarora; Dr. George H. Preston, Dansville; Dr. J. M. Harding, Apalachin; Dr. Calvin S. Totman, Syracuse; Dr. P. S. Stearns, Owego.

Dr. D. E. Smith, the treasurer, reported the following condition of the treasury:

Receipts	$121 00
Disbursements	186 75
Leaving a balance due the treasurer of	$65 75

The report, on motion of Dr. Preston, was received and ordered on file.

On motion the following assessment was made and paid by the old members: Drs. D. E. Smith, $2; L. C. Silvernail, $2; H. E. Firth, $2; Harmon Pease, $2; E. J. Mattocks, $2; C. K. Brown, $2; S. R. Gray, $2; R. Hamilton, $2; James Wilson, $2; J. M. Harding, $2; W. W. Hadley, $2; C. Brown, $2; J. G. Fross, $2; C. S. Totman, $2; P. S. Stearns, $2; A. W. Russell, $2. Whole amount, $32.

Dr. D. E. Smith offered a resolution that we suspend one of the by-laws, and hold the next annual meeting which occurs in June, at Rochester. Dr. Hamilton proposed to amend by substituting Saratoga Springs. Dr. Preston, preferred Rochester, as also Dr. H. S. Firth, when the original resolution was carried. Dr. H. S. Firth was appointed at the last meeting to read a paper on Con-

centrated Medicines, and reports that the subject is one that requires much careful attention, and the assistance of all who had used them, that he has not yet received all the information he desired, nor has had sufficient time to complete it; he requested further time, which was granted. He also referred to their use in England and on the continent, and to their extensive employment by the old school physicians in this country. The Society then adjourned till half past 2 P. M.

Met again at half past 2 P. M., pursuant to adjournment. On motion of Dr. Preston, it was

Resolved, That we go into committee of the whole on the condition of the profession, and on the progress of eclecticism in medicine. Dr. Preston thought that as all the arts and sciences are progressive, there was no reason why medicine should not also be in a state of progress. He thought we should apply to the Legislature for an act of incorporation. We should not be discouraged if we did not succeed this year, but try again. We should form county societies in every county, as far as possible. The people in every part of the State are becoming more acquainted with eclecticism every day, and eclectics are getting a better class of patrons. They should charge full prices, they gain nothing by charging less than other physicians. Alopaths are becoming less acrimonious and giving less opposition; they sometimes even claim to be eclectic themselves, saying they select their remedies. We should stand up and claim the improvements we have introduced into medicine, and not give them away to any other branches of the profession. Wants all the members of the Society to be sure and be present at the next meeting of the Society in June next.

Dr. Newton said a man told Martin Luther that he would have done better if he had remained in the Catholic Church. He replied that he did not oppose the doctrines of the Church, but only its errors. That is the position of eclectics at the present day. They do not oppose the fundamental principles of medicine, but only the errors that have crept into the profession. He does not discard what is good in the profession; he claims to be a physician, and would use all the good remedies known in medicine. There are many old school physicians who are using many of the eclectic preparations; Podophyllin in particular, and many others. Many European physicians use it in syphilis to the exclusion of mercury, in which it has proved itself far more efficacious. Recent

authors on homœopathy have introduced all our remedies into their works. This cause of medical reform is making itself a history throughout the United States. Efforts are being made in most of the States to form State societies, in view of having a national organization. Ohio has a school, in point of influence, equal to any other in the State. Alopathics have no rights that eclectics might not have, if they would only claim them.

Dr. Totman said eclecticism is making good progress at his place. When he went there (thirty-four years ago), it was scarcely known. He was then alone, or nearly so, in the county. Now there are several in good and reputable practice. Its reputation stands well—equal to any others. We should see how Nature acts, and follow her principles as nearly as may be; should not infringe her laws, but aid her in her efforts, and we shall be successful in practice.

Dr. Mattocks said the reformers tried fourteen years to get a law repealed preventing them from collecting their fees. They continued to present petitions every year, and at last they had one containing several thousand names, and it was so large that they hired a boy to wheel it up to the capitol in a wheelbarrow. The object of the petition was finally granted. Old school physicians are surprised at the action of our medicines. Some think medicines should be used singly; he thinks they are better in combination.

Dr. Robens, being obliged to leave, wished to say that he was happy to meet with the Society, and hoped it would continue to be united. His practice is quite extensive, and continually increasing; he sees every day the effects of that scourge calomel, and hopes electicism may drive it forever out of use.

Dr. Hamilton said that after the meeting at Rochester, if they will meet at Saratoga, he will furnish a room and a dinner free to all who will attend.

The committee here rose, and listened to a very excellent paper on Scarlatina, by Dr. H. E. Firth; also a Monograph, by Dr. Hadley, which, on motion of Dr. Smith, were ordered published in the proceedings. Dr. H. S. Firth showed a manner of introducing a soft sponge as a pessary through a speculum; being soft, it does not injure as one made of some hard substance. Has found it very useful, and has been very successful in treating prolapsus by its use. Dr. Wm. W. Hadley was elected permanent secretary, and Dr. O. Davis was continued as orator for the meeting in June.

Dr. Wilson offered the following, which was adopted:

Resolved, That each member be requested to deliver at least one lecture a year on the deleterious effects of old school medicine.

Dr. Pease spoke of the good effects of nitric acid in croup; three to seven drops in a tumbler of water; teaspoonful frequently. The president appointed Drs. D. E. Smith and E. S. Preston, essayists.

Ordered, that the notice for the next meeting be sent to each member, with a request that they publish the same in their respective localities.

On motion, adjourned.

WM. W. HADLEY, M. D.,
Secretary.

ARTICLE XI.

Scarlet Fever. Read before the New York State Eclectic Medical Society. By HORATIO E. FIRTH, M. D.

The subject to which I would call your attention for a short time is scarlet fever. I have selected it because it is one upon which I have bestowed considerable thought, and in which I feel deeply interested. I trust it may provoke free discussion, and that each member will feel free to give the result of his experience.

The origin of scarlet fever is not known, but is supposed by some authors to have generated from the lower animals. Its history dates back to the year 1557, but it doubtless existed previous to that date, but was confounded with measles, or called by other names. Its distinctive character, however, was not fully determined previous to that date.

The disease seems to have prevailed at different times and places, and throughout various countries as an epidemic, until at the present time it is not absent from any country on the globe, although prevailing with different degrees of severity.

The specific virus of scarlet fever is supposed to be preserved and propagated from time to time by contagion, yet it is controlled and disseminated by miasmatic influence and atmospheric conditions, which serve as incitors to its reproduction.

The term "Scarlet Fever" is well selected as it at once impresses the mind with reference to one of the leading peculiarities of the disease, viz: the scarlet appearance of the cuticle.

To say the disease is produced by a specific poison is to convey but a very vague idea of its nature. Terms are only useful as they convey ideas, and many of the phrases used by medical men are simply conventional, and are only employed because of the want of a better one to convey the idea.

Poisons are variously defined according to their destructive effect upon the human organism. Some may be termed "medical poisons," or poisons capable of producing death in given quantities, while others are termed corrosive poisons, because of their destructive tendencies upon the blood, or other portions of the human body, and because also of incompatibility with physiological law. The term "specific poison" in this disease is doubt-

less well applied, because of the tendency in every case to produce the same phenomena of manifestations.

The primary action of poisons vary according to their specific nature, or the susceptibility of different tissues to be impressed by them. In medicinal poisons we have frequently diametrically opposite effects, as for instance; some will relax the muscular system, others tone, some increase the heart's action, others diminish it, some exert their influence upon the brain, and manifest their action by contracted pupils, others to the opposite by dilatation.

So with miasmatic poisons; according to their specific nature they impress the system, and give rise to symptoms differing according to their peculiar tendency upon the different tissues.

Poisons, whether infectious or contagious, whether introduced into the system by inhalation or through other means, find an affinity for certain points, organs or tissues through which the morbid impression is made, and from which point emanates the diseased action peculiar to each kind of poison; as for instance, the peculiar seminale of typhoid fever seems to impress primarily the mucus membrane of the stomach and bowels.

The sympathetic nervous system takes on readily the morbid influence, and we have consequently derangement of the principal organs, as also congestion of the bowels, with glandular difficulty, especially Peyers and the mesenteric glands, which is doubtless owing to the local tendency of the poison, as also from the fact that a majority of those afflicted with the disease, are of a rheumatic or strumous diathesis.

The poison producing cerebro spinal meningitis has an affinity for the cerebro spinal nerves, and from that point is reflected to the nerves of organic life. We attribute the speedy death from this disease to the local congestion of the cerebro spinal nerves consequent upon the action of this poison.

The poison of scarlet fever seems to affect the system differently from either of the above-named poisons. It is doubtless like many other forms of disease produced by a specific poison, peculiar in its nature, the semina of which possess, like those of small-pox and measles, the power of reproduction.

The formative period from the time the individual is exposed to the disease, is thought by some authors to extend from one to twenty-five days; usually from two to eight. The poison is supposed to be introduced by inhalation into the system, and is

doubtless taken up by the blood, and by that current disseminated throughout the system. Whether the poison is reproduced in the blood, or simply distributed by that current to be reproduced in other tissues, is a matter of speculation; it is obvious, however, that the vital forces speedily rally to expel the intruder, and the cuticle seems to be the chief excretory outlet, or exit of the poison.

If I should be desired to locate the primary action of this poison, I should locate it in the blood, and I should refer the phenomena of symptoms to the morbid impressions produced by the poison while passing with the blood through the system; as also to the action of the "*vital forces*" in determining the disease to the surface.

The circumstance of this and kindred diseases nearly exhausting the susceptibility of the system, and insuring it against future attacks, is worthy of notice. The laws regulating such matters lie concealed, and invite the student to diligent research to discover them.

Varieties of the Disease.

All the varieties of scarlet fever originate from the same specific cause; doubtless there are conditions of the system that modify its development, as also the amount of virus differs at different periods and in different localities.

The severer epidemic forms of the disease are owing to atmospheric causes, vegetable and animal decompositions, and poisonous effluvia from damp and badly ventilated apartments; not that these causes produce the disease, but they furnish conditions for the development and spread of the peculiar semina of the disease.

The milder type of the disease is owing to the absence of the atmospheric conditions above referred to, and also to the ability of the system to resist the poison.

The anginose form attacks those in a debilitated condition, produced either from constitutional causes, badly regulated diet, or habits of living.

Those of the strumous or rheumatic diathesis are the most liable to the anginose variety.

In those cases in which the sequilæ are the most severe, the subject has been one whose nutritive functions have been previously deranged, or has been predisposed to diseases of the lymphatic and glandular system. The malignant form of the disease occurs like the anginose—mostly with those in a feeble state of health,

and in a constitutional and physical condition, unable to resist the disease. The probabilities are that the morbid influence is greater, or the resistance of the system is so feeble that the patient is overwhelmed with the poison, and the vital energies are so paralyzed, that nature is incapacitated to sufficiently react against the disease, until the accumulated force of the poison renders it impossible for a reaction to take place.

Diagnosis.

Previous to the appearance of the eruption, the physician cannot with positive certainty, at all times, determine the disease; it is true, there are certain diagnostic symptoms distinguishing it from measles, small-pox, and other kindred diseases, yet there are many instances in which there is an obscurity of the premonitory symptoms, and it is not a wise policy, in all cases, to advance an opinion before the appearance of the eruption. One symptom may serve as a guide, and I mention it more particularly as it is not sufficiently referred to by authors. Upon examining the tongue, you will find it covered at the edges and sides with inflamed, glossy points, and these are also more or less reflected over its entire surface. These are the erectile papilla, made prominent by the disease. As the disease advances, so in proportion they become prominent. I shall not detain you with a description of the general diagnostic symptoms of the disease; your experience has doubtless taught you that. My desire is to impress you with my own individual ideas; not that I expect you to receive my views as facts, but that you may exercise your judgment upon them in a true eclectic spirit.

The first seventy-five or one hundred cases of the disease I was called to treat proved to be of a mild type, and I became somewhat elated at my success, and I supposed I was master of the disease; but as human hopes are liable to disappointment, so was I to experience a reversal of my opinions. I discovered that cases would occur in which all my efforts were futile.

Some years ago, after having experienced disappointment in the loss of a number of cases, I was induced to try the belladonna treatment. My hopes in this promised specific were inspired, partly in consequence of the peculiar virtues attributed to the medicine by homœopathic physicians, and partly in consequence of its strong recommendations by the late Prof. Jones in his valuable work upon the "Practice of Medicine."

The first thirty or forty cases placed under this treatment recovered, and I began to think there must be some specific virtue in the medicine; but I soon found out that, although in some cases it was good, I must not rely too much upon its specific virtues.

My present convictions are that the great majority of cases will recover under judicious treatment; but that under some circumstances of the disease, and with a scrofulous, syphilitic, or erysipelatous patient to deal with, the best means and the best physicians will sometimes fail.

Treatment.

My experience during the last eighteen years has been somewhat extensive in the treatment of this disease, and my opinion has changed on several occasions as regards the best plan of operation.

Scarlet fever requires more vigilance on the part of the physician, and more care upon the part of the nurse, than almost any other of the catalogue of diseases.

When called to a patient in the forming stages of the disease, you should have him placed (if convenient) in a moderate-sized and well ventilated room of moderate temperature, say 70 degrees; he should not be exposed to draughts and should be kept as free as possible from excitement. Should you have reason to suppose that the stomach is deranged, it will be well to administer a gentle emetic, as the compound powder of lobelia, or some gentle purgative; the feet should be soaked in warm water in which chloride of sodium and carbonate of soda have been dissolved; and should the fever run high, this should be repeated.

Mucilaginous drinks are advisable in all stages of the disease, such as those made from ulmus fulva or gum acacia.

A drachm of the chlorate of potassa may be dissolved in a teacupful of hot water, of which a child two years old may take one teaspoonful every hour, and older patients proportionate quantities.

If the fever seems to be of a mild type, or not sufficiently advanced to indicate prompt measures, ten to fifteen drops of the tincture of belladona may be added to a half teacupful of cold water; of which give one teaspoonful every two hours in alternation with the chlorate of potassa.

If the eruption is not favorably developing, mild, diaphoretic measures should be employed, such as a tea made from crawley and pleurisy root; or asclepin, dioscorin and ipecac in small and

repeated doses, or a tea made from composition powders, given warm in small quantities and often repeated, together with foot baths, warm bricks to the feet, &c.

Beach's diaphoretic powders are objectionable in the first stages of the disease, on account of the opium which they contain, as under such circumstances they increase the liability to congestion of the brain.

In cases in which the circulation is exalted inordinately, or when the fever runs very high, and with a rapid pulse, veratrum viride may be cautiously employed in doses sufficient to subdue the urgent symptoms, but not enough to reduce the pulse too much; otherwise the eruption will not be readily determined to the surface as capillary circulation will be too much suspended. The surface of the body should be sponged with an alkaline wash, especially if the fever is high; sponging the surface will also assist the action of the diaphoretic medicines.

When the eruption is well established, if the cuticle is highly inflamed (after bathing) sweet oil applied to the skin will afford relief from the aching and burning sensation so frequently experienced.

The physician should examine the throat, and if the patient complains of painful deglutition, or if symptoms of enlarged tonsil appear, salt bacon is a good application, and should be applied, with a bandage over the head to retain it in place.

I am about to introduce to your notice a remedy in which I have great confidence. If employed in the commencement, it will, I think, in most instances, so modify the disease, that there will be few, if any, secondary symptoms.

This treatment will in many instances arrest what would have been a severe case of the disease, and render it mild and easily managed..

I was led to employ this remedy because of the very happy effect produced when I had used it in diphtheria, and because of the apparent resemblance (in some particulars) of the two diseases.

There is some analogy between the inflammation of the cuticle in erysipelas, and that in scarlet fever, as also the pathological effects of the two diseases upon local organs and tissues; erysipelatous inflammation often takes place in the sequelæ of scarlet fever; both diseases require the eruption to be brought out and maintained upon the surface, and both also require the vital forces to be sustained by nutritious diet and tonic treatment.

Iron possesses specific virtue in erysipelas, and is applicable in a wide range of asthenic diseases.

The benefit to be derived from this treatment is more decidedly manifested in those children of a strumous diathesis, as also in all debilitated subjects.

The following is the formula:

℞ Tinc. ferri chloridi ʒ iss
Quiniæ sulph. gr. viii
Syrupi simplicis ʒ ii misce.

S. For a child four years old, one teaspoonful every two hours in a little water; in the interval of each dose give one teaspoonful of the following mixture:

℞ Potassæ chloras ʒ i
Aqua bullien ʒ iv

The formula can be modified according to circumstances; some cases require less iron, others more; some less quinine, others more; in other cases, sweet spirits of niter are a good addition. The tincture of iron diluted, in passing over the mucous membrane of the mouth and tonsils, acts as an astringent, preventing engorgement of the capillary blood-vessels of the parts. Its introduction into the stomach, together with the quinine, furnishes the blood and nervous system with an efficient tonic, thereby enabling the recuperative powers to withstand the shock occasioned by the poison, and the excretory organs to expel it from the system.

The chlorate of potassa assists by preventing an ulcerated condition of the mucous membrane of the mouth, and also in a degree it furnishes oxygen to the blood.

I have employed this remedy for several years, and although I do not rely upon it in all cases, my confidence in it is strong. I am inclined to the opinion that the tincture of chloride iron in this disease, as in erysipelas, possesses at least some specific controlling influence over the disease.

In some few cases, the stomach of the patient seems not to receive the iron kindly; but I find that this difficulty arises from the repulsion of the child to unpleasant medicine, rather than because the stomach will not receive the remedy—at least this is so in the majority of cases.

If, notwithstanding all efforts, ulcers form on the tonsils, astringent gargles and washes should be employed; sage, gold thread,

sumach berries steeped in vinegar and water are good; as also a gargle made from chloride of sodium, dissolved in water, with a little vinegar and capsicum added. If the ulcers are deep-seated, a strong solution of nitrate of silver—say forty grains to the ounce of water, may be carefully applied with a camel's hair brush. Dr. Smith's diphtheritic application (a solution of the per chloride of iron,) is doubtless good; it should be applied to the parts as above.

During the entire period of the disease, the patient should be sustained by easily digested and nutritious diet; and, in cases of debility, stimulants should be employed. The best brandy, I think, is the most suitable stimulant; yet, in some cases, carbonate of ammonia, or the aromatic spirit of ammonia, is the most prompt. I am satisfied that many lives are sacrificed in the declining stages of the disease, and in the sequelæ of scarlet fever for the want of plenty of the essence of beef and stimulants. The sequelæ of scarlet fever is so varied that no rule can be given as a guide to treatment; the physician must be prepared to meet the requirements of the case as symptoms present; the kidney complication is at times the most serious and demands the most prompt attention.

If albumen is found in the urine, tannic acid is a good remedy; from one to three grains may be administered every three hours. Hydragogue cathartics moderately employed are at times useful, as also tincture of digitalis and spirits of nitre, together with tonic medicines; as ferrocyanuret of iron and quinine. The following is sometimes beneficial:

℞ Spirits mindorerus ʒ ii
Spirits nit. ether ʒ i

S. Dose, one teaspoonful every three hours. In the interval give one teaspoonful of the following mixture:

℞ Potassa acetas ʒ i
Aqua ʒ ii

Tincture of the muriate or the prussiate of iron and quinine in alternation with alteratives, are indicated in glandular enlargements and abscesses following scarlet fever, and should be continued until the patient has fully recovered.

ARTICLE XII.

Third Annual Meeting of the New York State Eclectic Medical Society.

The third annual meeting of this Society was held at Rochester on Wednesday and Thursday, the 14th and 15th June, 1865. The meeting was called to order in Bethesda Hall by the president, Robert S. Newton, M. D., of New York. The minutes of the previous meeting were read by the secretary and approved.

The report of the treasurer was read and ordered on file. The act incorporating the Society passed by the last Legislature was read and adopted, after which they proceeded to organize under the act by the election of officers for the ensuing year, with the following results:

Dr. Robert S. Newton, of N. Y.	President.
C. S. Totman, of Syracuse	Vice-President.
Wm. W. Hadley, of Williamsb'h	Rec. Secretary.
C. S. Preston, of Rochester	Cor. Secretary.
D. E. Smith, of Brooklyn	Treasurer.

Censors.

Dr. H. E. Firth	Brooklyn.
George W. Davis	Seneca Falls.
L. Staunton	Copenhagen.
H. Pease	Schenectady.
O. Davis	Attica.
J. G. Fross	Syracuse.
A. W. Russell	Albany.
William Jones	Newburgh.

President's Address.

The following is a synopsis of the president's opening address:

After returning thanks for his unanimous election for the third time, the president said, when he left the West he had determined to decline any official position connected with medical organizations in this State, but that a more intimate acquaintance with the condition of medical eclecticism here had changed his mind. He saw the necessity for organization and action, and had determined

to reënter the arena and make a strenuous effort to arouse a new interest among practitioners of this school, not only in this State but throughout the country, and to aid in reconstructing by a more thorough and far-reaching organization the scattered elements of medical eclecticism, and to build up under the ægis of universal national freedom, a great national eclectic medical school, with a more perfect literature, a sounder practice, and a more thorough system of remedial agents. He had found a liberal disposition on the part of the Legislature, and it had been comparatively easy to secure an act of incorporation for the Society, college and hospital, with every privilege accorded to any similar organizations or institutions in the State. He was certain that the popular feeling was very generally favorable to this reform in medicine, and that it only requires a firm and decided stand on the part of its friends and practitioners, with a determination to urge its merits upon the attention of the people and practitioners of other schools, to secure its universal recognition and adoption.

Already many practitioners of other schools are using the eclectic remedies and system of practice, and the number is daily increasing. Moreover, many of our most important remedies are being embodied in the latest pharmacopœas of these schools, frequently without credit to those who originated them. This is a hopeful indication and should be encouraged, as it leads directly to the recognition and advancement of the principles of eclecticism. While the practitioners of other schools thus fall away from their teachings and dogmas, we should see that every practitioner of our school holds fast to its teachings and practice. To enable them to do so, much of our earlier eclectic medical literature requires revision and rewriting in order to exclude erroneous teachings and discarded remedies in practice. He was himself a graduate of an allopathic school, upon which he had attended four years, and had practiced as an allopathic physician for five years, and had used all its remedies, including blood-letting, mercury in all its forms, arsenic, antimony, &c., until he had become thoroughly convinced that they were the cause of incalculable evil, and should be discarded.

He then resolved to make a thorough test of the prevailing eclectic system of medicine, with a view of ascertaining its value as compared with the system he had been educated to revere and follow, but which had so wofully failed him at the

bedside of the sick and dying. The results of this practice and the efficacy of its remedies were much more satisfactory than he was able to achieve with the "allopathic system," and he very soon became fully satisfied that it was a great improvement, and he immediately determined that it was his duty to abandon the old practice and remedies and to adopt the eclectic remedies and practice. He had, from that time, to the extent of his ability, been an advocate and practitioner of that system of medicine, and had been able to make some new and important discoveries, to add some new remedies, and to do something toward improving eclectic medical literature and practice. So far from being satisfied with what he had already done, he was determined to continue his labors until a great eclectic medical school should be established in the city of New York, with its attendant hospital, laboratory and complete professional library, which should be equally within the reach of the graduates of all schools of medicine, who might choose to avail themselves of the facilities so afforded.

He had had experience in the two systems, and felt justified in speaking thus positively in regard to their respective merits and value. As an illustration of the great superiority of the eclectic over the old system, it was only necessary to call attention to a few practical facts. The results of old school treatment of pneumonia are recorded as follows: By blood-letting the mortality was one in three cases; by tartar emetic, one in five cases; while under simple dietetic treatment, one in 13 cases. By the most enlightened eclectic practice the average mortality in the same disease was less than 1 in 75. And this difference in favor of eclectic treatment over that of the old school is maintained throughout the whole class of inflammatory diseases. Similar results are attained in the treatment of congestive diseases. In conclusion he said that there never had been a more propitious time to establish a great eclectic medical school in the city of New York than the present. The hospital facilities were all overcrowded. Some of the allopathic schools had closed their doors—others maintained but a precarious existence. The war just closed had thrown hundreds of thousands of invalids upon our hands, multitudes of whom would require medical treatment for years.

This will have the effect to arouse the attention of the great body of the people to the comparative merits and success of the

competing systems of medical practice, and it will be our fault if these favorable circumstances do not enable us to place enlightened medical eclecticism in advance—in the public appreciation and regard. The municipal authorities of the city of New York have exhibited a spirit of generous liberality in providing sites for hospitals and charitable institutions, and annually made generous donations of money toward their support, and students in all medical schools chartered by the State, have equal rights under the law for observation and study in all of these charitable institutions and hospitals.

With an eclectic medical school in Cincinnati, another in Philadelphia, coöperating with a New York institution—with State societies and with auxiliary county or district societies in every State in the Union—with an extended periodical professional literature—with an annual register containing the names of every practitioner of eclectic medicine, and with earnest individual effort and coöperation, all that has here been foreshadowed can easily be accomplished. It is of the utmost importance that we exhibit a dignified courtesy and kindliness toward the practitioners of other schools, and that we cultivate among ourselves a greater fraternal good-feeling in order to promote union and confidence, the only certain basis of professional success.

This address was received with much satisfaction, after which the following named practitioners were elected members of the Society:

Dr. M. M. Fenner, Jamestown; Dr. J. C. Hurlburt, Livonia Station; Dr. Henry Easton, Springwater; Dr. J. Howard, Linden; Dr. Seth Easton, Ontario; Dr. C. L. Harding, Dundee; Dr. D. Richards, Marion; Dr. G. B. Armington, Orleans; Dr. B. Thomas, Johnson's Creek; Dr. H. S. Dimock, Phelps; Dr. F. C. Hawley, Middlesex; Dr. W. H. Hawley, Potter's Corner; Dr. L. A. Ward, Hornelsville; Dr. J. Hawley, Canandaigua; Dr. H. Boskowitz, Brooklyn.

The constitution of the Society provides that three from each county or district may be represented in the organization.

On motion of Dr. Hadley, the annual address was deferred until evening. In continuation Dr. Hadley spoke earnestly and eloquently of the steadfast work required from the members of the Society, expressing the hope that they would remain in the convention until that work was accomplished. He said some very

important essays were to be read from which a great deal of needed valuable information could be derived.

The secretary next read two essays from Prof. John Buchanan of the eclectic medical college of Pennsylvania, the one on the Cactus grandifloris, giving its medicinal properties, and citing cases of its usefulness in diseases of the heart; the other on the subject of "Securing union by first intention." Both essays gave evidence of much research and careful observation.

The convention then adjourned to an evening session at 8 o'clock, P. M., which was largely attended by the citizens, including many ladies.

The annual address on the "History of Medical Eclecticism," was delivered by Dr. Davis, of Attica. It was a highly interesting and able production.

Second Day.

The convention met at 8 o'clock, A. M., and proceeded to business. On motion it was resolved that the senatorial districts be adopted as the divisions for forming auxiliary societies throughout the State, and that such societies report their proceedings to the executive officers and publishing committee of the State Society.

It was further resolved, that the previous history, records and publications of the State Society be also referred to the executive committee for publication.

Essays were read—on cholera infantum, by Dr. D. E. Smith, of Brooklyn; on rheumatism, by Dr. H. E. Firth, of Brooklyn; on Medical eclecticism, by Dr. W. W. Hadley, of Williamsburgh; on the history of eclectic literature and eclectic medical institutions in the West, by Prof. J. M. Scudder, Cincinnati; on spotted fever, by L. Staunton, of Copenhagen; also, on the "Discovery of the Organs of the Sensory and Motory Centers," by the late Professor William Byrd Powell, of Covington, Kentucky, and another from Dr. C. W. Bates, of Brooklyn, on the subject of "Diphtheria." Prof. Hollembaek, of the eclectic medical college of Pennsylvania, a delegate, made some interesting remarks concerning his experience as a medical practitioner. A vote of thanks was tendered him for his attendance and address, and for the presentation of a volume on "Materia Medica," of which he is the author. Likewise, to Prof. Buchanan of Philadelphia, for a copy of his valuable work.

An essay on dysentery, by Dr. E. S. Preston, of Rochester, was was also submitted for consideration.

These essays, papers and communications were ordered to be published. The report of Dr. A. Wilder, of New York, giving a history of the legislative proceedings at Albany during the last session, in relation to the incorporation of the Society and college, was read and ordered printed.

It paid special tribute to Senator Dutcher, Speaker Hoskins, Assemblymen Lord, Wilbur, Pitts and others, for timely service and generous co-operation at periods of great difficulty.

The following resolution was adopted:

Resolved, That the thanks of this Society are due and are hereby rendered to the honorable members of the Legislature of 1865, and in particular to Hon. John B. Dutcher, Hon. Henry R. Low and Hon. Orson M. Allaben, of the Senate of this State; to Hon. George G. Hoskins, Speaker of the Assembly; to Hon. Henry B. Lord, of Tompkins; Hon. Edmund L. Pitts, of Orleans; Hon. Mark D. Wilbur, of Dutchess; Hon. Russell C. Biddlecom, of Jefferson; Hon. Henry C. Boswell, of Kings, for their generous aid and service in connection with the chartering of the Eclectic Medical College of the city of New York, and more particularly for the passage of the act for the incorporation of the Eclectic Medical Society of the State of New York; and that we regard those measures as of essential and almost vital importance to the cause of Reformed Medicine.

On motion of Dr. Hadley, it was

Resolved, That the board of trustees of the eclectic medical college of the city of New York be requested to make efforts to procure from the city council a suitable site for the erection of hospital and college buildings, and that measures be immediately adopted for the collection of funds from the friends of the enterprise, preparatory to asking additional aid from the State, and that they be requested to open the college for instruction as soon as possible.

This resolution was unanimously adopted.

The following named delegates to the various State Societies were appointed:

PENNSYLVANIA—Dr. Robt. S. Newton, New York city, and Dr. H. E. Firth, Brooklyn.

MASSACHUSETTS—Dr. D. E. Smith, Brooklyn, and Dr. Wm. W. Hadley, Williamsburgh.

CANADA—Dr. E. S. Preston, Rochester, and Dr. J. G. Fross, Syracuse.

OHIO—Dr. L. Stanton, Copenhagen, and Dr. R. Thomas, Wayne county.

INDIANA—Dr. H. S. Dimock, Phelps, and Dr. T. C. Hawley, Middlesex.

On motion of the President it was resolved to recommend to the various State Societies the propriety and importance of a national organization.

The President further moved that, under the act of incorporation a meeting be called in each Senatorial district by a resident member to form an organization and report the proceedings to the Executive Committee of the State Society. Both motions were carried.

A case of gunshot wound, resulting in extensive mortification, and treated by Dr. B. J. Stowe of Brooklyn, was reported. This case was treated successfully with sulphate of zinc as a local application. This agent was first introduced for the treatment of such cases by Robert S. Newton, M. D., in 1846.

It was further resolved that in order to inform the members of this Society and the practitioners of medicine generally of the superior efficacy of the Eclectic practice in the treatment of that most formidable scourge, the *Asiatic Cholera*, that the report of the board of health, having in charge the cholera hospital at Cincinnati, under the care of Dr. J. H. Jordan in 1849, with the accompanying papers, giving the statistical results observed and noted by this eclectic physician, be read and made a part of the proceedings of this Convention. Also a synopsis of the report of the effects of calomel used in large doses in the treatment of this and other maladies.

It was also resolved that the report of the committee on public health, Dr. Richardson, chairman, appointed by the Assembly of 1864, to report on small-pox and the sanitary condition of New York, be adopted and published as part of the proceedings.

Dr. C. S. Totman of Syracuse, was appointed orator, Dr. B. F. Arnold, Dutchess county, and B. J. Stowe of Brooklyn, essayists for the next annual meeting.

The Convention adjourned to meet at the Cooper Institute, New York, on the second Wednesday in June, 1866.

ARTICLE XIII.

CHARTER OF THE STATE ECLECTIC MEDICAL SOCIETY.

An act for the incorporation of the Eclectic Medical Society of the State of New York, and auxiliary local Eclectic Medical Associations. Passed April 24th, 1865.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. Robert S. Newton, of the city of New York, A. W. Russell, of Albany, Benjamin F. Arnold, of Pawling, Dutchess county, Calvin S. Tetman, of Syracuse, William W. Hadley, of Brooklyn, D. E. Smith, Jacob Van Valkenburgh and their associates, are hereby declared to be a body corporate and politic, by the style and name of the Eclectic Medical Society of the State of New York, and by that name shall be in law capable of suing and being sued, pleading and being impleaded, answering and being answered, defending and being defended in all courts and places, and in all matters and causes whatsoever, and shall have and use a common seal with authority to alter and renew the same at pleasure.

§ 2. The said society shall hereafter be composed of members duly chosen as its by-laws shall direct; and at its annual meetings, the members in attendance, not less than fifteen in number, may elect a president, and such other officers as may be deemed proper, who shall hold their offices for one year, and until others shall be chosen in their places. It shall be lawful for said society to purchase and hold real property for its use, not exceeding in value the sum of twenty thousand dollars.

§ 3. The recording secretary shall file in the office of the secretary of State, a copy of the constitution and by-laws of said society, and a copy of the journal of the proceedings had at the first meeting held after the passage of this act; he shall also provide a book in which he shall record all the resolutions and proceedings which may be had from time to time, also the name of every member of the society, his residence and the time of his admission into the society, and also the annual and other reports relative to the condition of the treasury, and all such other matters as a majority of the society shall deem proper. It shall be lawful for any member of the society at all times to have recourse to this book, and it shall be delivered, together with all books, papers

and records which may be in the hands of the secretary and the property of the society, to his successor in office. He shall also in the month of January in each year, make a report to the legislature, embracing the journals, records of scientific discoveries, and other papers upon medical or surgical subjects which may be prepared under the directions of the society.

§ 4. It shall be lawful for physicians who subscribe to the constitution of the Eclectic Medical Society of the State of New York, to meet together in each of the counties of the State, or in other localities to be specified in their call for such assemblage, and organize medical societies for the county, district or locality in which they reside, subject to the approval and sanction of the aforesaid State society. Such societies, when so organized and sanctioned, shall elect a president and other officers, and shall file in the office of the clerk of the county where such meeting shall be held, a copy of the constitution, by-laws and proceedings held at such meeting.

§ 5. All the powers, privileges and immunities now conferred by law upon the State Medical Society and the State Homœopathic Medical Society and upon the county medical societies and upon the county homœopathic medical societies, except granting the degree of doctor in medicine, are hereby conferred upon the several societies incorporated pursuant to this act, and the said societies shall be subject to the duties and responsibilities to which State and county medical societies are subject under the laws of the State.

STATE OF NEW YORK,
Office of the Secretary of State.

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

CHAUNCEY M. DEPEW,
Secretary of State.

ARTICLE XIV.

CHARTER OF THE ECLECTIC MEDICAL COLLEGE.

An act to incorporate the Eclectic Medical College of the city of New York, passed April 22, 1865.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. William Moller, William F. Havemeyer, Robert S. Newton, Dennis E. Smith, Oliver Charlick, Albert Havemeyer, Calvin S. Totman, Andrew W. Russell, Alexander Wilder, William W. Hadley, Samuel Tuthill, H. L. Stewart, William P. Strickland, Frank Tabor and Martin Thatcher, and their associates and successors in office, are hereby created a body corporate and politic, by the name of "the Eclectic Medical College," to be located in the city of New York, for the purpose of promoting medical science and instruction, and in that capacity shall be capable of suing and being sued, pleading and being impleaded, defending and being defended, as any other body corporate, in any of the courts of this State.

§ 2. The said corporation shall constitute the board of trustees, with power to fill any vacancy that may occur in the board. They shall have a common seal, which they may alter or renew at pleasure; they may purchase, hold and possess real and personal estate to the amount of three hundred thousand dollars; they may hold and dispose of property in their corporate capacity; and the funds or property thereof shall not be used for any other purpose than that declared in the first section of this act, and for the establishment and maintenance of a dispensary and hospital in connection with the aforesaid college.

§ 3. The board of trustees shall appoint a faculty, which shall consist of at least six professors, who shall be competent to deliver lectures for the proper instruction of students in the various departments of medical science, which shall include anatomy, physiology, pathology, materia medica, obstetrics, medical jurisprudence, practice of medicine and surgery.

§ 4. The medical faculty of this college, together with the board of trustees, shall be authorized to confer the degree of doctor of medicine upon such persons as this degree is conferred on by medical colleges generally throughout the United States. But no

student shall be allowed to present himself as a candidate for graduation in this college, until he shall present to the faculty thereof satisfactory testimonials that he is twenty-one years of age; that he is of good moral character; that he has been regularly engaged in the study of physic and surgery, with some respectable practitioner, for the term of three years, and that he has attended two full courses of lectures in some legally incorporated medical college, the last of which shall have been attended in this college; or that he has been regularly engaged in the study of physic and surgery with some reputable practitioner for the term of two years, and that he has attended three full courses of lectures in some legally incorporated medical college, the last of which shall have been attended in this college. But it is hereby provided that any individual who is a graduate from any legally incorporated medical college, or any one who may have been, for four years next preceding, engaged in a constant and reputable practice of medicine, and shall have attended one full course of medical lectures in this college, shall be permitted to present himself as a candidate for graduation before the faculty and board thereof. In testimony whereof a diploma shall be provided and signed by the president, secretary and faculty of said college, to which shall be affixed its corporate seal, and which shall have the same force and effect as a license to practice physic and surgery as are given by law to the license granted by any incorporated medical society or college in this State.

§ 5. The faculty and board of this college shall not be permitted to grant a diploma to any applicant, unless an honorary diploma to an eminent practitioner of medicine, or a diploma *ad eundem*, until such applicant shall have passed a thorough, critical and impartial examination; which examination shall be made by said faculty, and shall include the various departments of medical science enumerated in section three of this act.

§ 6. This board of trustees shall consist of not less than eleven nor more than fifteen members, a majority of whom shall constitute a quorum for doing business; and those appointed by the first section of this act shall have power to perform all the duties which the said board is hereby authorized to perform, until their successors shall have been chosen and qualified.

§ 7. The college shall be subject to the visitation of the regents of the university; and the trustees shall report to them on the first day of October in each year.

§ 8. The corporation hereby created shall possess the powers and be subject to the provisions of the eighteenth chapter of the Revised Statutes, so far as the same are applicable.

§ 8. This act shall take effect immediately.

STATE OF NEW YORK,
Office of the Secretary of State,

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

CHAUNCEY M. DEPEW,
Secretary of State.

ARTICLE XV.

Constitution of the Eclectic Medical Society of the State of New York, Adopted June 15, 1865.

In accordance with an Act of the Legislature, passed April 24, 1865, incorporating the Eclectic Medical Society of the State of New York, and Auxiliary Societies; We, whose names are underwritten, believing in fraternal association, cherishing a spirit of harmony, and claiming freedom of thought and action, in accordance with the enlightened policy and principles of our Government; believing unqualifiedly in the use of medicinal remedies which are safe, sanative and efficient, and that the employment of antimonials, mercurials, venesection and other poisonous and destructive agencies is unjustifiable, and that their use cannot be sanctioned by reason, science, common sense or experience; reserving to ourselves and according to others the sacred privilege of choosing remedies and modes of treatment from any and all sources of medical knowledge guided by the dictates of experience and judgment, enlightened by a proper and intimate knowledge of the various branches comprehending the Art and Science of Medicine, and the collateral sciences; we do, therefore, unite ourselves in this association, and agree to constitute the Society, the name of which is above written, and which is duly incorporated by the enactment of the Legislature of the State, and we do hereby adopt, and agree to be governed by this Constitution, and these By-Laws.

The objects of this Society shall be, to promote harmony and fraternity among the members of the profession of medicine; to labor for the elevation and advancement of Medical Science, and the Art of Healing the Sick; to discourage among its membership those sectarian influences, and that associational bigotry and dictation which have too often prevented that free interchange of thought and intelligence which should characterize every enlightened class of people; to cultivate an intelligent eclecticism in medicine, which comprises not only a thorough knowledge of the subject, but embodies the principle of employing those remedies and measures alone that are safe and efficient in the treatment of disease, that can be used without endangering life, or impairing the constitution of the patient, refusing as dangerous and unnecessary the use of corrosive and inorganic poisons; to examine all

systems and theories without bias or prejudice, adopt the true in each, that which will bear the tests of reason and experience, and reject all that fails to coincide with scientific facts, and is not in harmony with nature and the laws thereof.

By-Laws of the Eclectic Medical Society of the State of New York.

Article I.

Membership.

Section 1.—This Society shall consist of the present membership, those whose names are upon the record of the organization, known as the Eclectic Medical Society of the State of New York, and the number may be increased to three members from each county in the State, except New York and Kings, which shall be entitled respectively to twelve members from each county, who shall constitute the Society, till the annual session in the year one thousand eight hundred and sixty-six (1866), after which the Society may add to its membership annually, five each from the New York and Kings county societies, and two from each other county or district society, which is auxiliary to the State Society, who shall have been delegates to the State Society, and been duly nominated by the auxiliary society to which they belong. They shall be elected by ballot, after which they shall become members by signing the Constitution and By-Laws, and paying an initiation fee of five dollars each. If three or more ballots appear against a candidate he shall be rejected. These shall constitute the permanent members of the Society.

§ 2. Delegates to the number of four, from each Auxiliary Society, except New York and Kings, which are entitled to ten respectively, and two from each Eclectic Medical College in the State, shall be admitted to each annual session of the society, and entitled to all the rights and privileges of the permanent members, and be allowed to vote upon all questions before the meetings, except the election of officers.

Article II.

County Societies.

Section 1. County and other sectional societies, the purposes of which are in unison with this, may be organized upon call of any member of this Society, who is a resident of the county or district

in which the call is made, subject to the approval and sanction of this Society. Such societies, when duly organized, shall be auxiliary to the State Society, and be entitled to send four delegates, except the county societies of New York and Kings, which may respectively send ten delegates, and each Eclectic Medical College in the State may send two delegates to each annual session, and every such auxiliary society shall contribute annually five dollars to the State Society. Such societies, when organized and sanctioned, shall elect a President and other officers, and shall file in the office of the clerk of the county, where such meeting shall be held, a copy of the Constitution, By-Laws, and proceedings had at such meeting.

§ 2. Such Societies may hold stated meetings, as often as they see proper, present papers, and hold discussions upon medical or surgical subjects, and transact such other business as may be necessary, and all medical papers so presented shall become the property of the State Society, and be sent to the Secretary for publication in its annual transactions, also a list of the officers and members of the said county or district society for the same purpose.

Article III.

Election of Officers.

Section 1. At each annual meeting, the Society shall elect by ballot a President, Vice-President, Recording Secretary, Corresponding Secretary, and Treasurer, who, by virtue of their offices, shall constitute a *Board of Directors*, to which Board shall be entrusted the corporate affairs and general business of the Society, when it is not in session. There shall also be elected eight censors, one from each judicial district in the State. The election of all officers shall be decided by a plurality of votes after the first formal ballot, if that ballot shall fail to elect by a majority, and they shall continue in office till their successors are chosen.

Article IV.

Duties of Officers.

Section 1. The President shall have a casting vote in case of a tie. At each annual meeting, he shall appoint an Orator, to deliver an address at the next annual meeting, also three essayists to report on some subject, at the next regular meeting. His other duties shall be such as usually appertain to presiding officers.

§ 2. The Vice-President shall perform the duties of the President when the latter officer is absent from the chair.

§ 3. The Recording Secretary shall keep a record of the proceedings of the Society, receive all moneys, and pay the same to the Treasurer, sign all credentials and certificates of membership, and issue notices of regular meetings and cause one to be sent to each member and to the President of each auxiliary society, annually report the amount of money received and disbursed, together with such other items as may be of interest to the Society.

§ 4. The Corresponding Secretary will assist in keeping the minutes of the Society, and conduct and have charge of all correspondence of the Society.

§ 5. The Treasurer shall receive and have charge of all moneys belonging to the Society, and pay all bills, which shall have been audited by the Board of Directors, and annually submit his report to the Society. When required, he shall execute to the Board of Directors sufficient bonds and security for the faithful performance of his duties.

§ 6. The Board of Directors shall have power to fill all vacancies, audit all bills, procure a seal, secure suitable rooms for the accommodation of the Society, and transact such other business as may be necessary, when the Society is not in session.

ARTICLE V.

Meetings.

The annual meeting of this Society shall be held on the second Wednesday of June, in each year, at such places as the Society shall from time to time appoint.

ARTICLE VI.

Quorum.

Fifteen members may constitute a quorum of the Society. Three directors may constitute a quorum of the board, provided each director shall have been notified of the time and place of meeting.

ARTICLE VII.

Certificate of Membership.

A certificate of membership may be issued by the board of directors, and a copy bearing the signatures of the President, Vice-President and Secretary, and seal of the Society, furnished to each member, on the payment of five dollars for the same.

Article VIII.

Qualifications of Members.

The censors shall examine candidates for membership, which candidate may be a "Doctor of Medicine," a practitioner who has sustained a reputable practice for four years, and whose character for intelligence, virtue and patriotism is without reproach, and who is eligible according to sec. 1, art. 1 of the by-laws, and shall have been duly nominated by the district society to which he belongs.

Article IX.

Honorary Members.

The Society shall have the privilege of electing annually not more than six eminent physicians as honorary members, who shall have been duly nominated at the previous annual meeting, and who shall be non-residents of the State (but six may be elected at the annual meeting in 1866, who shall not have been nominated a year previous).

Article X.

Expulsion of Members.

Any member may be officially censured, invited to withdraw, or be expelled from the Society for improper or unprofessional conduct, by a vote of four-fifths of the permanent members present at a regular meeting, provided that a specific charge shall have been made in writing, and the accused duly notified thereof.

Article XI.

Amendments.

Proposals to alter or amend the constitution or by-laws shall be presented in manuscript, and read at a regular meeting, when it shall lie over till the next annual meeting, unless there is a unanimous desire to act upon it immediately; but no alteration shall at any time be made except by a vote of two-thirds of all the members present.

Article XII.

Order of Business.

1. Calling to order and reading the roll.
2. Receiving the names of delegates.
3. Reading the minutes of last previous meeting.
4. Reading reports of secretaries and treasurer.
5. Reading an exhibit of the board of directors.

6. Receiving proposals for membership.
7. Balloting for candidates.
8. Reports of committees.
9. Election of officers.
10. Recess.
11. Reading essays and discussions.
12. Appointments for the ensuing year.
13. Annual address.
14. Adjournment.

ARTICLE XVI.

Code of Ethics of the Eclectic Medical Society of the State of New York, adopted June 15, 1865.

ARTICLE I.

The interests and rights of medical men are as dear to them, as are those of any other class of citizens in this Republic to themselves; they are entitled by the Constitution of this great Union to the same freedom and privileges in moral, social, political and civil life, as are individuals pursuing any other vocation; and any associations or rules which would deprive them of the least portion of these rights and privileges, are unwarranted usurpations, contrary to the spirit and intent of our American government, and, consequently, of no force in law or custom.

ARTICLE II.

The common rules and maxims of morality which are enjoined in the Bible, and have been recognized by the wise and virtuous at all times, and in every civilized country, are comprehensive enough in their scope, and sufficiently dignified in form to meet all the contingencies and emergencies which, in a moral point of view, are likely to arise in the transaction of business and the interchange of thought and sentiment between man and man.

ARTICLE III.

Medical men have an undoubted right to bring themselves and their claims before the public by every fair and honorable means, as much so as any other class of men. They may enter into general or special practice as they may consider best adapted to their interests, or to their peculiar views; they may introduce themselves to the notice of the public by printed cards or other publications, by public or private lectures, or by the publication of certificates of cures actually performed. But while it is clearly the right of the physician to thus present himself in a truthful, modest manner before the community, as a candidate for patronage, everything like boasting or self-adulation, all efforts at bombastic display which evince a purpose to excite the wonder of the people and lead them to anticipate what probably cannot be realized, and show at the same time on the part of the advertiser an unwillingness to trust his claims for public favor upon the simple truth, are highly disgusting to every right-minded person, and are

entirely unprofessional. The presence of laymen at operations, is by no means objectionable if both the patient and operator shall consent, as it tends to make the skill and ability of the operator better known in his community, affords an incentive for medical men to perfect themselves in their profession, and cultivates a feeling of confidence on the part of the public which will lead them to seek for medical aid among the members of the profession instead of among those who, professing to practice medicine, are ignorant of its first principles.

ARTICLE IV.

Attendance upon the poor, gratuitously, is certainly a christian charity for the doing of which no fault can justly be found; yet in relation to this subject, as well as to contracts between patients and medical men, the laws and business customs of the country afford all the protection, and allow all the privileges which are necessary, and of which the physician has an undoubted right honorably to avail himself—being careful, however, not to interfere with the claims which the members of the profession have upon him, for their security individually and collectively, by rendering professional services for less than the customary fees of his medical brethren who may be located in his neighborhood. If a physician candidly believes that he can effect a cure in any given case presented to him for treatment or advice, it is not only his right but his duty so to inform the patient seeking his advice.

ARTICLE V.

A medical man having invented any surgical instrument or discovered any new and valuable medicine, it becomes his capital, and it is not unprofessional for him to obtain a patent for the same; if it is right for our government to issue patents to her citizens, it is equally right for them to hold patents; and if it is not right, in either case, no particular class of men or associations are expressly authorized to arraign the American government and her citizens for trial, and sit in judgment upon them. A physician may employ, in his own practice, a medicine or compound known only to himself; it is his capital, and there is no authority in the land which can compel him to divide that capital among others by disclosing his remedy, save his own benevolence and philanthropy. He may also employ in his own practice, any remedy of whatever character it may be, when the formula for its preparation is made known to him, and he deems it a useful medicine;

nor does the fact of such formula being made known to him demand that he shall reveal it to others, unless by permission of the party to whom it actually belongs; honor, at least, would forbid such a treacherous revelation. But while no person is under obligation to make public all the formulas of his own practice, and while no practitioner should ever prescribe a remedy the composition of which he does not understand, it is certainly unjustifiable, unbecoming and unprofessional in any medical man to send out, to be purchased and indiscriminately used by community, medicines, whether patented or not, of the character and application of which they are as ignorant as they are of the physiology and pathology of the human body.

ARTICLE VI.

No person can be considered a physician who has not by collegiate attendance, or otherwise, made himself acquainted with at least the practical portion of the departments of anatomy, physiology, surgery, materia medica, theory and practice, obstetrics and chemistry. Yet even among physicians thus recognized, there may be a great diversity of opinion upon medical matters, as we find to be really the case in the profession, at the present day; yet no physician should be slighted, abused, or treated discourteously, because of such differences. Freedom of speech and of thought, originally bestowed upon man by his Creator, are guaranteed to him by our government, and the refusal to recognize a physician, or the rejection of fellowship with him because of differences of opinion upon medical or any other matters, is anti-republican in spirit, evinces a narrow, illiberal, selfish mind, and renders the possessor of it a laughing stock to all sensible persons.

ARTICLE VII.

The professional man should seek to combine in his character, 1. A thorough acquaintance with his profession; 2. Integrity, or unbending adherence to moral principle; 3. Self-respect, or a modest appreciation of what he is, and what he deserves; and, 4. Benevolence, or a generous consideration of the interests and feelings of his fellow men. These elements combined in the foundation of his character, and fully developed in his life, will constitute any man a true gentleman, and entitle him to a place in the highest ranks of moral excellence.

ARTICLE VIII.

With respect to the duties of physicians to their patients, ever bearing in mind the great responsibility resting upon them in the discharge of their profession, physicians should always display a promptness and willingness in attending to the calls of the sick; by this course they may not only be enabled to check disease at its commencement, but they will also secure the confidence of patients and their friends, which, as every physician knows, is a very important point in connection with the treatment. Gentleness and kindness, with firmness, should be pursued with patients and their friends, yielding to the wishes of others whenever this can be done without jeoparding the welfare of the sick, avoiding anything offensive or imperious; always, however, bearing in mind that the responsibility of the treatment depends solely upon the medical adviser, who must, as long as a patient is under his professional care, constantly keep this in mind and exercise the proper authority. The patient belongs to the physician as far as hygienical and therapeutical measures are concerned, until a cure is effected, or the physician discharged; and any neglect, inattention, or refusal to follow his directions, or any improper interference with them, must necessarily relieve the physician from all censure and accountability in case of an unfavorable result so originating.

Patients should be visited by their physicians as frequently as may be necessary to learn the peculiar character and progress of the disease, as well as the influence exerted upon it by the treatment pursued, but great care should be taken not to visit unnecessarily or too frequently, as this is calculated to alarm needlessly the patients and their friends, impair confidence in the physician, and give rise to suspicions of mercenariness.

Patients should not be abandoned because of the incurability of their disease; the attendance of the physician may be the means of relieving them of much suffering and smoothing their progress toward the grave, besides being a source of comfort and satisfaction to friends and relatives.

A physician should display in the sick room a degree of cheerfulness consistent with the condition of his patients; he should comfort and cheer up the sick, encouraging them to hope when there are grounds for such encouragement, and manifesting the sympathy and interest he takes in their welfare in a gentlemanly and dignified manner. Levity in the sick room, discussions, or conversations concerning matters foreign to the condition or

welfare of the sick person, are unprofessional, out of place, and highly censurable.

Misrepresentations of the seriousness of a disease for the purpose of impressing patients and others with the superior skill and ability of one's professional attainments, are wholly unprofessional. But when a disease is really of a serious character, the physician should not delay to apprise the relatives of the patient; and in some cases, in which the physician must employ his own judgment and discretion, the same may be made known to the patient, being careful to do so in a delicate and gentle manner, and always bearing in mind that the life of a patient frequently depends upon the words and manner of the physician in attendance.

In the practice of their vocation, physicians frequently receive in confidence, or in some other way become acquainted with, secrets of a moral, physical, domestic, or other nature, belonging to their patients; these should always be held sacred, never to be referred to by the physician, even in presence of the parties concerned in them, unless these begin the conversation relative thereto; and especially such secrets should not be revealed to any other person by the physician, unless compelled to do so legally, or to clear his own reputation if it should become involved therewith. Neither is it proper nor professional for a physician to inform third parties, whether these are medical men or not, of the character of his patient's disease, in all cases, for there are many persons who shrink from having their diseases thus blazoned abroad, however innocent and unavoidable these may be; and such feelings should always be respected.

ARTICLE IX.

Physicians, their wives, their widows, and their children when under the care and authority of their parents, whether they reside at home or are traveling abroad, should be professionally attended by practitioners in their immediate neighborhood, whenever such attentions are required, without any demand being made upon them for the payment of fees; yet, should a fee or remuneration be offered the attending physician, under proper circumstances, as for example where the individual is wealthy, he should not refuse it, lest he should impose upon the person a pecuniary obligation repugnant to him. In other cases, the question of demanding and reciving fees rests wholly with the physician.

ARTICLE X.

Physicians should endeavor, as much as possible, to cultivate a friendly and kindly feeling among each other, notwithstanding differences of opinion upon medical subjects; and for the furtherance of this object, they should avoid misrepresenting or slandering any of their fellow physicians; they should avoid employing any direct or indirect means of destroying their patients' confidence in them, or of improperly securing the patronage of another's patients to themselves. They should, however, render their professional services to the patients of other physicians when these last request it, with or without fee, as may be agreed upon, and without seeking to supplant the regular attending physician; and should they be called upon to attend a case in the absence, from sickness or other cause, of the attending physician, they should at once yield the case to the physician upon his arrival or recovery, unless the patient, patient's relatives, or physician, request otherwise. The fees for all professional services rendered, unless otherwise agreed upon, should be paid to the party performing such services.

It is imprudent for a physician to visit the patient of another physician, unless with the consent of the latter, as it may give rise to unjust suspicions and create jealousy and ill feeling; but, when a patient, under the charge of one physician, shall request the visit of another for the purpose of ascertaining his views of the disease with which said patient is afflicted, such visit should be made; and the physician, although bound to express his opinions fairly and candidly, should be extremely careful of the reputation of the attending physician; and all such visits should be remunerated upon the spot.

In all cases of accidents, sudden attacks of disease, etc., a number of physicians are frequently sent for; in such cases, in the absence of the regular attending physician of the patient or patients, the case or cases belong to the physician who first arrives, who should select, when this is necessary, from the others present, such assistance as he may require. The fees for such cases should be paid as promptly as possible.

The fees for professional services should be regulated in every city, town, village, or county, by the resident physicians of the locality, and an adherence to them will tend much to establish confidence and harmony; but when a physician attempts to secure or monopolize a practice, by infringing upon the rights of others, as manifested, for instance, in rendering professional services for fees

below those which are customary or tacitly agreed upon by the medical practitioners of his neighborhood, city, or town, etc., his fellow physicians have good reason for declining to affiliate with him any longer on account of such unprofessional conduct.

Whenever a patient becomes dissatisfied with his attending physician, and desires to dismiss him and employ another, he has a perfect right so to do, and the physician sent for may accordingly render his services to said patient; and this action of the patient and physician should not destroy the amicable relations existing between all the parties. But no physician should attend the patient of another, unless the two be in mutual attendance. until the previous physician shall have been formally dismissed.

ARTICLE XI.

In case of rare, obscure, eccentric or dangerous diseases, consultations are often required, and frequently prove advantageous to the patient. As the object of a consultation is the welfare of the patient, the physicians have a right to consult with whomsoever they choose, whether with medical men or not. At such consultations they may candidly express their views, advise as to the course to be pursued, and prescribe, if requested; for which, of course, a fee should be demanded.

Consultations should never be held in the presence of the patient, but in some private place; and the presence of a relative during the consultation should not be objected to when this is requested, as it tends to convince that the physicians are really occupied with the patient's good, and may remove doubts and gain confidence.

When the consultation is between medical men, the attending physician should state his views first; and afterward, should more than one be in the consultation, they will express their several views, according to their age, commencing with the youngest physician first. When the selection of the consulting physicians rests upon the medical attendant, to avoid confusion, he should prefer those whose general medical opinions are the most in harmony with his own.

When, after a consultation, subsequent attendance of the consulting physician is requested in connection with the original attendant, it would be extremely imprudent, to say the least of it, for a physician to grant this request, unless the original attendant be a graduate, or a non-graduate practitioner of four years' reputa-

ble practice; to do otherwise might lead to mortification, misrepresentations, etc., which would seriously affect the reputation and patronage of the physician. However, in all these instances, much must be left to the circumstances of the case, and to the judgment and discretion of the physician.

When two or several physicians are attending a patient, they should, at each visit, agree upon a treatment to be pursued, and a time to meet again, and they should observe the greatest punctuality in their visits; but if, from any cause, any of the parties should fail to be present at an appointed meeting after a reasonable time, the previous treatment should be continued by the physician or physicians present, until the next meeting of the attendants. But in all cases of emergency, or when the condition of the patient is such as to demand it, any one of the attending physicians may change the treatment, of which he should notify the others at as early a period as possible, and at their next meeting explain his reasons for so doing; however, an unnecessary interference in the general treatment agreed upon, and clandestine or uncalled for visits to the patient, are reprehensible, and should lead to the dismissal of the offending individual.

When physicians attending a patient cannot agree upon the disease or the course to pursue, they may, by consent of the patient or his relatives, call in other medical assistance; or, the patient or his relatives, being informed of the character of the disagreement, may discharge and retain such of the attendants as they choose, without the discharged parties construing it into an offense or an unkind act; for in these matters, patients and their relatives have their rights and privileges equally with the physician

In all other matters pertaining to physicians in their duties to their patients, the public and themselves, an observance of the ordinarily recognized rules of truth, morality, justice and honor—a part of which rules it has been the endeavor to introduce into this code—should be rigidly observed.

ARTICLE XVII.

Report of Dr. J. H. JORDAN, Attending Physician of the Cincinnati Cholera Hospital, to the Board of Health.

GENTLEMEN: I have the honor of submitting the following, as a report of the Fourth Street Cholera Hospital (Eclectic) of Cincinnati, for the time of my connection with that institution—being from the 6th of June till the 18th of August, the period of its suspension:

There were admitted as patients—

From the 6th to the end of June	100
During the month of July	139
From the 1st to the 16th of August	27
Total	266

These may be classified as follows, so far as known:

Nation.	No. admitted.	Male.	Female.	Deaths.
Irish	92	65	27	31
German	83	58	25	41
American	40	31	9	13
English	24	21	3	4
French	5	4	1	3
Scotch	4	4	--	--
Colored	4	3	1	2
Italian	1	1	--	--
Welsh	1	1	--	1
Unknown	12	12	--	5
Total	266	200	66	100

By estimating the aggregate mortality from *all causes* and the relative proportion of deaths and cures, we have the following:

Whole number of admissions	266
Whole number of deaths	100
Whole number cured	166

Showing a mortality, in proportion to the number of admissions, of 37.59 per cent, which, for convenience, may be styled *three-eighths* or 37½ per cent. Such are the aggregate results, for

which, however, other causes than cholera are, to a considerable extent, responsible.

As this hospital was established expressly for the reception of cholera patients, and as much interest is felt in the result of the treatment of that disease, it is necessary to exhibit distinctly the mortality which may be fairly ascribed to cholera, and the ratio of mortality *among those who were treated for cholera* in this hospital. By doing this, we can ascertain the exact degree of success which has attended our efforts for the relief of that disease, and learn to estimate its probable mortality in future attacks.

We must, therefore, estimate the number of those who cannot be regarded as cholera patients, which is as follows: Among the deaths, there were five who died of *narcotism*, from drugs taken previous to admission; 3 who died of *delirium tremens;* 5 who died of *nervous fever* (more properly speaking, perhaps, of *opium* fever); and 8 who died of other diseases—making 21. These, of course, should not be reckoned in the account as cholera deaths. In addition to these, there were 5 others that were not, strictly speaking, cholera cases—4 of whom were cured, and 1 remitted to the Commercial Hospital—making in all 26. Not reckoning these in the account, the mortality will be found a fraction less than 33 per cent, or 32.9. This, it will be seen, is but a little more than one-half as great a mortality as has been exhibited in the treatment of cholera this year, in the hospitals of Paris, although attended by some of the most eminent men in the medical profession.

But there is another fact which must be mentioned. Besides the foregoing 26 cases, there were 30 *in articulo mortis* when admitted, who died, on an average, *in less than an hour!*

That there should be so large a proportion of the cases *in articulo mortis* when admitted, may excite some surprise, unless the statement be accompanied with an explanation. A number were brought to the hospital in this condition from steamboats, immediately on their landing, having lain in a state of collapse, frequently for hours previous to their arrival at this port. Some were in this condition when found by the ward committees and benevolent individuals who interested themselves in behalf of the poor, and were brought to us with the vain hope that they could be cured. But I am compelled to say that a large proportion were cases that had been treated by physicians until past all hope of recovery, and then sent hither *by those physicians*, or by their directions. As it could not be expected that such a measure

could be of any service to the patients, and it could only serve to increase the apparent mortality of the hospital, I leave it to others to conjecture the motives of such a course.

By subtracting this number also from the number of admissions and deaths—and it is but just to do so, as I cannot be held responsible for cases that were too far gone when received, to admit of treatment—we are enabled to arrive at the true number of cholera cases treated, together with the exact number of deaths among the same, which are as follows:

Whole number of cholera patients treated	210
Whole number of deaths	49
Discharged cured	161

Comparative results.—Cures, 76⅔ per cent; deaths, 23⅓ per cent.

In comparison with other hospitals of this kind, this would be regarded as a small mortality; and yet the greater portion of these deaths were due to the advanced stage of the disease in which the patient was received. If all had been removed to the hospital upon the first appearance of cholera symptoms, I am convinced that the mortality would not have exceeded 10 per cent—probably it would have been much less.

That this hospital was placed under the most unfavorable circumstances, amidst the ravages of an unusually severe epidemic, is evinced by the fact that between an eighth and a ninth of all the patients admitted were actually dying when received, and lingered, generally, less than an hour; and that about an eighth of all that were cured, or TWENTY, were, when admitted, in that extreme and *pulseless collapse* from which recoveries are rare. Under these unfavorable circumstances, it was not to have been expected that the results of the treatment would be as successful in the hospital, during the severest period of the epidemic, as they were or should have been, during the milder form of the disease, in the month of May, and under the more favorable circumstances of private practice; yet, if we compare the true cholera mortality of the hospital, throughout the severest period of the epidemic, with the mortality of private practice, as reported to the Board of Health during the month of May, the mortality of the hospital will be found scarcely equal to that of private practice.

On the other hand, if we compare the mortality of cholera patients in the Cincinnati hospital, with the mortality of cholera

hospitals in Paris, attended by the most learned and distinguished medical faculty in the world, we find the treatment in the Cincinnati hospital has produced by far the more favorable results—the ratio of mortality being less than half as great as the mortality in Paris! (The cholera mortality of the Parisian hospitals, according to their reports in May, was sixty-two per cent—nearly three times as great as that of the Cincinnati hospital).

When this hospital was established, it was expected that a mortality of fifty or sixty per cent would characterize its reports; we have, therefore, great cause to rejoice at these unusual *results*, and it may not be amiss to enquire into the cause of so gratifying an issue to our labors.

I have not the vanity to claim any peculiar talent, skill or other merit, except a conscientious discharge of my duty. Whatever credit may be attached to these results, must be ascribed, mainly, to the principles of treatment which were adopted and faithfully carried out—principles which have stood the test of many years' experience in this country, and have never yet failed to demonstrate their superior value. These principles have been derived from the ECLECTIC or AMERICAN system of medicine—a system peculiar to our own country, and widely distinguished in many respects from the old school, or European system, which claims a foreign and antiquated origin. The eclectic system, which excludes mercurials and general depletion by the lancet, as well as many other injurious agents, both in this and all other diseases, recognizes a great variety of stimulating, sudorific, diuretic, astringent, alkaline, anti-spasmodic, cholagogue, and emetic remedies, as appropriate in the treatment of cholera; and aims to substitute safe, simple, and sanative agents, for those which tend to create or aggravate disease by their own poisonous nature, or to produce permanent debility.

It will not be expected, I presume, that I should give a detailed report of the treatment on the present occasion. To do so would make a voluminous document, only appropriate to the pages of a medical journal. Should the epidemic threaten to visit our country again, I may select something from my experience and observations suitable for publication, for the benefit of the public in regard to the prevention and cure of this disease. For the present I will only remark, that the course designated by the above general terms, was adopted and thoroughly carried out. I will add, however, that my experience in the hospital has ren-

dered me still more averse to the use of pernicious drugs, and more in favor of a mild and simple practice. By far the worst cases to treat, were those which had previously been drugged with opiates and mercurials. Even the state of pulseless collapse, unmodified by any medicine, was far less formidable to encounter, than a condition less advanced in the disease, but laboring under the influence of mercury and opium. A majority, if not all of the twenty, who recovered from a state of collapse, had received no treatment of consequence, previous to admission.

As to the *cause* or *theory* of the disease, so much has already been said by medical writers, that it is needless to accumulate additional speculations. That the liver, however, is not the seat of the disease; nor its derangement the cause of it, either remote or proximate, my experience has abundantly satisfied me. Hence the impropriety of giving calomel or harsh cholagogue medicines. Such remedies, in a milder form, may frequently be necessary in the convalescent stage, but in my opinion are never indicated until after the formidable symptoms of the disease are subdued. I conceive it one of the most fatal and unpardonable mistakes, to ascribe the disease to a derangement of the liver! Remove the cause, and restore a healthy action of the system, by means of stimulants, sudorifics and alkalies, aided, if necessary, by external heat; allay urgent symptoms, if present, by the use of astringents, antispasmodics, and outward applications in the form of sinapisms and rubefacients; do this, and in nine cases out of ten the liver will take care of itself. At least such has been my experience.

The experience of this hospital, I believe, fully proves that the cholera, if rightly treated, is not so formidable a disease as has generally been supposed. I must confess, however, that much depends upon promptness and early treatment. Guided by experience in this matter, I would therefore respectfully suggest to the board of health, that in any future invasion of cholera, the public safety requires that every family should be supplied with some safe and efficient cholera remedy; accompanied by brief directions as to diet and other things. By pursuing such a course, the premonitory symptoms could be promptly met—but few cases would assume a formidable type, and the loss of life might be reduced to an inconsiderable amount, compared with the usual mortality of this epidemic. Any knowledge of this kind in my possession, I shall be happy to furnish to the board at any time, if desired.

In conclusion, gentlemen, I must acknowledge my obligations

to you for your hearty co-operation—the efficient aid I received at your hands, and the promptness with which you responded to every call in behalf of the hospital. Your laudable and efficient endeavors in behalf of the afflicted destitute, during the late epidemic, at the sacrifice of time and private interests, not only at the hospital, but on any and every occasion, richly entitle you to the gratitude of your fellow citizens. Such devotedness to duty and the cause of suffering humanity, should not, and I trust will not, go unrewarded.

I am, gentlemen,

Your obedient servant,

J. HENRY JORDAN, M. D.,

Resident Physician.

CINCINNATI, *August* 18*th*, 1849.

ARTICLE XVIII.

[From the Boston Medical and Surgical Journal.]

On Large Doses of Calomel in Cholera. By W. L. Sutton, M. D., of Georgetown, Ky., with remarks by Prof. J. Bigelow, of Boston.

The following letter, illustrative of the use of calomel in the western States, has been sent to us for publication. It is addressed to Prof. Bigelow, of this city, who had expressed a suspicion that the calomel used in such large doses at the west might be of inferior quality, adulterated, as sometimes happens in commerce, with chalk or gypsum. A sample of western calomel sent with the letter did not reach us. We have submitted the letter to Dr. Bigelow, who remarks as follows:

I know of no sufficient reason for believing that calomel cures cholera in any doses, large or small. On the contrary, it notoriously fails, and has failed, in most parts of the world where it has been abundantly tried. In no part of our own country have we heard of its being so boldly administered for this disease than in our western States; and in few parts of the world has a greater mortality attended the epidemic. What confidence has calomel earned for itself in such cities as St. Louis and Cincinnati, where hundreds of people have been dying *daily*, notwithstanding the prevailing use of this drug? Would any medicinal appliance, active or inert, have been followed by more disastrous results? It is the bane of medical science, that physicians do not publish their unsuccessful cases—that scores of failures are suffered to pass without notice, while a few recoveries or escapes (which perhaps have been retarded or jeoparded by some heroic practice) have been circulated as cures effected by means of that practice. Every physician who has had much to do with grave epidemics, well knows that the violence of cases varies with personal predisposition and circumstances; that there are slight cases which recover under almost any treatment, good or bad; and grave cases which end fatally, whatever may be the practice employed. Witness small-pox, scarlet fever, influenza and cholera, the cases of which are as different in the prognosis which they justify, as the cases of gun-shot wounds on a battle-field. Yet sanguine practitioners, learned and ignorant, are always found building general laws of

treatment on a few exceptional cases which they happened to have witnessed; and now, as formerly, we have unfailing cures of cholera successfully announced in almost every city in which that pestilence, unchecked, has completed its work of devastation. Dr. Sutton, whom we are happy to esteem as an honorable and intelligent physician, states both sides of the question when he says, in regard to calomel in cholera, that "many recovered after taking enormous quantities, some of them apparently uninjured; others died of the effects of mercury, and others drew out a miserable life." J. B.

The following is the letter to Dr. Sutton:

Prof. BIGELOW:

Although I have no personal acquaintance with you, I do not consider that a sufficient reason why I should not address you a few lines upon a subject of some interest to us both, as members of one profession.

I have understood that you are rather incredulous as to the amount of calomel used in the west and southwest, at least doubting whether it is not half chalk. I therefore enclose a sample of some which I am at present using, which, indeed, I have tested in no other way than by giving it to others, and taking myself a drachm of it the other day, in three doses.

When I was a student, my preceptor, Dr. Ferguson, of Louisville, Ky., who did a large practice, and was usually very successful, gave ordinarily to an adult ten grains, if it was to be followed by anything to assist it; if he did not intend to follow it by something else, then he gave twelve grains. I do not remember ever to have put up a larger dose for him. In 1816 there was a very great amount of bilious fever in and about Louisville. I am of opinion that at this time there were physicians in the west who gave much larger doses; but I think it was in 1822 and 1823 when bilious fever, of a very aggravated character, spread very generally through the west and south, that the great impetus to the use of calomel was given. Then a dose of 20, 30, 40 and 60 grains became very generally *the dose*. I remember very distinctly the reflections which arose in my own mind when I found myself giving 20 grains as an ordinary dose—frequently a drachm in the twenty-four hours. (You may, perhaps, smile when I say that I always considered myself a moderate man in the use of the article.) I thought surely such quantities must be unnecessary—

must be injurious. I therefore tried other purgatives, singly and combined, but quickly had to fall back on calomel. I dare not say that my endeavor to lessen the quantity of calomel was as well directed as it might have been, but I can say that I had not the courage to carry it any farther than I did. You must not infer, however, that all the physicians in the country used calomel in this way. Something after the time above mentioned, I spent three hours in vainly endeavoring to induce a gentleman, older than myself, who believed that calomel was injurious in bilious fever, to consent that our patient should have a dose of calomel. She did, however, take a scruple dose with the most signal benefit. Our object was to procure, in the course of the day, from one to four evacuations from the bowels, from a half pint to a pint each, sufficiently consistent to retain some convexity in the vessel, dark bottle green in color—entirely different from dark *spinach*-colored stools. Everybody in the country knew these as *calomel discharges*. How bad soever the patient might be, the appearance of such stools gave hopes of recovery, which were rarely disappointed.

By referring to page 560, Vol. VII, of the American Journal of Medical Sciences, you and our New England friends will find what will make some of them open their eyes. A young lady, of delicate health, took, in a week, 840 grains of calomel—540 of them in less than three day. This, although on a large scale, was, I am inclined to think, by no means unparalleled. I have myself known 15 grains given every three or four hours, until an ounce or more had been taken.

The cholera, in 1833, brought the matter to the climax. Then, many physicians gave one drachm after each liquid stool. They relied upon calomel and nothing else. As the "rice water" stools were pretty frequent, you can well understand how enormous quantities would be taken in a short time. I would not like to say what the largest quantity taken was. I have seen persons who were said to have taken 1,500 grains and upwards. The object was to save life upon any terms. Many recovered after taking enormous quantities, some of them apparently uninjured; others died from the effects of mercury, and others drew out a miserable life.

After 1833 the dose began again to decline to more moderate quantities. But about 1840 your New England fever made its appearance among us, which made a surprising change in the dose. In bilious fever, if the stools were liquid, a large dose of calomel

was given to restrain the number and increase the consistence. In typhoid fever it would not do it. From 1841 until last winter, I do not remember to have seen a good "*calomel stool.*" Calomel gave place to blue mass. This change in dose and article seems to have been effected without concert, the great majority of physicians having made the change imperceptibly to themselves.

But we have the cholera again, and again we are using decided doses of calomel. I think, however, that much less doses are given, in general, than in 1833.

It will readily be imagined how a young man, as I was when I first became acquainted with the doctrines of Broussais, and seeing the form of fever which then surrounded me, should think him any thing but a philosopher; and how he, knowing my practice, should think me a madman or a fool. So I can now understand how our New England brethren should look strangely upon practice which may be very proper under the circumstances where it is followed.

You may remember that about 1825, Dr. Cartwright, of Natchez, Miss., *discovered* that the best way to treat syphilis was by one-scruple doses of calomel given every three days; that Annesley, of England, made the same discovery at the same time, "so that neither was indebted to the other;" that some little time before, some East India surgeon made the same discovery, and of course was not indebted to Annesley or Cartwright. I do not doubt that each of the gentlemen did truly make the discovery, for we may discover that which is already known to others; and this discovery, or rather this practice, was pursued by Sydenham without his seeming to think there was anything novel in it. This practice I have followed on the authority of Cartwright, and I find it very much to my mind. I have cured patients without purging, salivation or any sensible evacuation. Has anybody in your city tried it? I should be glad to have it tried then.

Very respectfully,
W. L. SUTTON.

GEORGETOWN, Ky., *July* 18*th*, 1849.

P. S.—I hope you will be able to read my epistle. I am quite nervous from debility. Perhaps you will say, "It is no wonder, when you took sixty grains of calomel a few days ago!"

W. L. S.

Professor Drake, in the Louisville Medical Journal, vol. 7, p. 471, speaking of those who graduated in the medical schools of

Louisville, Philadelphia, Charleston, and Lexington, says: "One gave to the extent of a couple of ounces a day. Some of their patients had a pound avoirdupois in their stomachs at a time."

"A gentleman assured us that he, under the direction of a physician, weighed out and administered to a fever patient 1700 grains of calomel and 2400 grains of aloes.

"And a physician informed me that he had given to a patient of the same class 600 grains of a compound of equal parts of calomel, rhubarb and aloes (Cook's pills) for six successive days."

Dr. Harrison, in his medical essays, pages 153–4, gives the following as Prof. J. Cook's treatment of cholera in 1832, in the city of Lexington, K., being extracts from Prof. Cook's essays:

"Case 6. A. Walker, 70 grains of calomel ordered at 12 o'clock, repeated at night. Second day, one ounce of calomel and tincture of aloes; third day another ounce, and died fourth day."

"Case 7. Took two ounces in two successive days and recovered."

"Case 9. A colored girl ten years of age, took half an ounce and repeated it several times for several days—got well."

"Case 26. Took one tablespoonful the first evening; second day, then one tablespoonful every six hours for three days, when he died."

The following is one of the prescriptions used in treating cholera by J. Lakey, M. D., President of the Medical Society of Cincinnati:

R.—Calomel 1500 grs.
Opium 75 grs.
Ipecacuanha 200 grs.
Gum Arabic and
Castile Soap, Q. S.
Make 100 Pills.—J. LAKEY.

May 14, 1849.

This ultra mercurial treatment was taught to all who graduated in Louisville or Lexington prior to 1843 for nearly twenty years, and has spread throughout the valley of the Mississippi.

The non-mercurial Eclectic system has erected a barrier against its ravages.

ARTICLE XIX.

Communication from Prof. J. M. Scudder, M. D.

To the Eclectic Medical Society of the State of New York:

Gentlemen—I will proceed to give you, briefly, a report of the condition of eclecticism in the west, the Eclectic Medical Institute of Cincinnati, and the literature of our branch of the profession.

Eclecticism in medicine owes its origin to the errors and failures of the profession at large, which becoming burdensome to the people, they demanded a change. The erroneous practice at the commencement of the present century, was looked upon with aversion by many outside of the profession, who, recognizing its errors, looked eagerly for something better. The same feeling occasionally manifested itself with physicians, but gained but little and feeble utterance until the days of Wooster Beach.

Whatever may be said of the talents and learning of Beach, he clearly recognized the errors and want of success of the then existing practice, and determined to do all in his power to correct them and develop a better system of medicine.

When we look at his career, and the success that followed it, we are astonished that one man could do so much, and exert such a wide-spread and permanent influence.

Dr. Beach's day of labor is now over, though he still lives, and though far from perfection, even open to serious criticism, he should receive the thanks of all true eclectics, for what he accomplished.

Success develops opposition; and the rapid spread of Thomsonism, just previous to the eclectic movement, caused a most bitter feeling of opposition to all innovations upon the ancient landmarks. Hence as soon as Dr. Beach became known, he was met by opposition, sometimes amounting to persecution. Had it not been for this, he would, doubtless, have ceased his exertions, with the advocacy of some minor reforms; but with it, he and his successors were stimulated to renewed exertions, and a reform effected, so vast in its proportions, that it has surprised even those who have been instrumental in it.

In 1831, the first eclectic college west of the mountains, was

established at Worthington, Ohio, by Prof. T. V. Morrow, J. G. Jones, and others, under a university charter obtained by Bishop Chase. Its growth was slow, as it met with opposition from all sides, and every obstacle that ingenuity could devise was placed in its way. But notwithstanding this, it continued to hold yearly sessions, with an average of twenty-five to fifty students in attendance, up to 1845.

The isolated position of the village, and difficulty of obtaining *material*, rendered its position unfavorable, and it was determined to remove to a wider field. The Worthington organization was therefore discontinued, and Prof. Morrow removed to Cincinnati, and immediately proceeded to the organization of the present Eclectic Medical Institute.

The opposition was even more formidable in the new location than in the old, and more strenuous efforts were made to prevent the Legislature of the State granting a charter. The contest that followed was conducted with energy by both parties, and finally the charter conferring all the rights and privileges of the most favored medical college, was granted in February, 1845. Since then two sessions yearly have been held in the Eclectic Medical Institute, with an average attendance of 180 students each year; the entire number of matriculants being 3,618, with 1,104 graduates.

From its inception to the present time, the course of the college has been uniform and consistent, keeping steadily in view the principles and objects of its founders. Organized for the purpose of effecting a reform in medicine, this object has been kept in view by all who have been connected with it, and we have the gratification of knowing that during the twenty years of its existence, a most radical change in practice has been accomplished. In the early part of the war, its prospects looked gloomy, but the regular sessions have been held, with good attendance; the last year being very successful. Now that the storm of war has passed, and the pursuits of peace are taking precedence, we anticipate larger classes than have ever before been gathered in its halls.

Eclecticism has become an established fact in the west, gaining the affections of the people and commanding the respect of its adversaries. We number about three thousand practitioners, and it is generally remarked that an eclectic physician will succeed, no matter where located or how great the opposition. Though we have so many, there is room for double the number, the demand always exceeding the supply.

The literature of our branch of the profession is quite complete, especially in practical medicine. For some years all our published matter was to be found in the Western Medical Reformer and Eclectic Medical Journal, students and practitioners being obliged to depend upon notes taken of lectures. The necessity for text-books became more and more pressing as the classes in the college increased. Our materia medica received attention first, and the Eclectic Dispensatory of Profs. John King and Robert S. Newton was published in 1852; small and incomplete at first, it has grown to a very large volume in the sixth edition by Prof. King, and now ranks as one of the most complete works on the subject in our language. Prof. King is also author of the American Eclectic Obstetrics, Woman and her Diseases, The American Physician, Microscopist's Companion, and will soon issue his last and greatest work on chronic diseases. Each of these works bears evidence of careful study and extended research into the properties and value of remedies. On the practice of medicine we have had Jones and Morrow, a large and complete work, giving satisfaction to all who have made it a guide, especially in the treatment of malarial diseases. Coming out at very nearly the same time, the Eclectic Practice of Medicine, by Profs. Robert S. Newton and W. Byrd Powell, had a large and ready sale, but is now out of print. The latest work in this department is the Eclectic Practice of Medicine, by John M. Scudder, which assumes to bring the practice of medicine up to the present day; of course it is not for the writer to pass an opinion on his own productions. A practical treatise on the diseases of women, by the same author, has passed through three editions, and the Eclectic Materia Medica and Therapeutics, in two volumes, by Profs. L. E. Jones and John M. Scudder, has had an extended sale.

On surgery, we had first the Eclectic Surgery, by Prof. B. L. Hill, which was highly prized, and next Syme's Surgery, by Prof. Robert S. Newton, which has passed through two editions. By the same author we have a work on fever and inflammation and Chapman on Ulcers. In addition, I may name a system of Anthropology, by Prof. J. R. Buchanan; Human Temperaments, by W. Byrd Powell; Newton and Calkins on Thoracic Diseases. The Eclectic Medical Journal, now in its twenty-fourth year, forms quite a library of itself; commencing at an early period of the reform, its pages have always been the medium of communication with our branch of the profession. With but two exceptions, it

is the oldest medical periodical in this country, as it is one of the most successful. Others have been established east and west, doing much good in their day, but lasting but a brief period, have died of marasmus. Few think when they glance over the pages of a medical journal, how much thought and care is requisite to maintain its interest, and rarely trouble themselves to think that they should form a unit of the sum necessary to continue its life.

Have we still faith in the mission of eclecticism, or is its work accomplished? We have in our ranks a few who contend that eclecticism has accomplished its work, and that our distinctive name should therefore be dropped as something obsolete. In proof they point to the entire discardment of blood-letting as a remedial measure, the very rare use of mercurials, arsenic and antimony, and the radical change in both the theory and practice of our old school friends. We are glad that such marked changes have taken place, and that a rational practice of medicine is being adopted in place of the old routine of forty years ago. We are glad that the spirit of enquiry and improvement has taken the place of blind dependence upon authority. We reap the benefit of their investigations, and give them credit for it, but because they are advancing we see no reason that we should stand still.

The difference between eclecticism and old school medicine is still very great. Though we have many medicines in common, and although they (the more liberal and intelligent) have adopted many of our remedies, we yet have resources that give us greater success in the practice of medicine. Not only do we use different means, but our principles of treatment are in many cases radically different.

Such a movement as the rise of so large a sect as the eclectics, either in medicine, religion or politics, is evidence of the imperfection of the generally received doctrines, of the need of reform; and in the providence of God it is to be continued until its work is accomplished. When done, its members lose interest in it; a spirit of coldness takes the place of zeal and propagandism, and it is lost in the old or some new movement. Let us ask ourselves these questions, then; is our work accomplished? Have we lost all interest in eclecticism as a means of progress?

A very important part of our work in this country was the instruction of the popular mind with reference to the evil results of blood-letting and the use of mercurials, etc., in the treatment of disease. This has been accomplished to a great extent, and phy-

sicians have been forced by popular opinion to abandon them. Our greatest work has been the development of our indigenous materia medica, and though much has been accomplished, much more remains to be done. If any person doubts our progress in this, we would refer them to our literature of the last ten years, as proof that our progress is now more rapid than it has ever been before. We are constantly introducing new remedies, and determining more accurately the value of the old.

The field is so great, however, that a century would be insufficient to complete the work.

Have we lost interest in eclecticism as a means of progress? I can safely say that we have not. From all parts of the country we receive words of encouragement and evidence of a strong love and abiding trust in this reform.

Hundreds of earnest men are laboring with the same zeal that was manifested twenty years ago, and hundreds more are being awakened from the torpor into which they had fallen by reason of the quarrelling of those who occupied the position of leaders. There are still elements of weakness in our ranks, but we are satisfied that it will require but a short time to rid ourselves of these.

All efforts to carry eclecticism over to old school will fail. They do not want us; we do not want them We gain their respect by a manly and open maintenance of our doctrines; we become objects of ridicule whenever we truckle for their favor. They are the most powerful because the most numerous; and, as is always the case where there is a spirit of rivalry and opposition, they exert that power to our disadvantage. Yet if we compare our present position with what it was even twenty years ago, we must be surprised at our increase in numbers and favorable condition. Labor is the price of success.

If we wish to be stronger, we must increase our efforts as in former years, to instruct capable young men to fill the places that are vacant all around us. Increase of numbers and increase of interest will give us that position that we could not otherwise obtain.

We profess to be engaged in a good work; to have a better system of medicine than others, and consequently to have better success in practice. From whence did we derive this knowledge? and how have we repaid those who have been instrumental in giving it to us? These are questions which each one may well

ask himself, and in their answer we will find outlined our duty at the present time. Eclecticism is not the growth of a day, but years of patient toil have been required for its development. The men who established it have finished their labors, and it devolves on us to continue them.

How many are doing their part? What can I do? I am alone, surrounded by adversaries always ready to take advantage of me. I am not a writer, and have nothing new to communicate. This is the common answer to appeals for help, for organization, and co-operative movement. The first duty of every eclectic is to perfect himself thoroughly, and make diligent use of those means by which he may keep himself posted in the new developments that are being constantly made. In this way he will establish a reputation that will not only be of advantage to himself, but will reflect credit upon our common cause. We have too many fossils; men who, seeing that they have pretty good success in the treatment of the common diseases of the country, are content with what they have achieved, and never make effort for anything better. We want living men, that never cease to be students, men who, by study and experience, attain such skill that they can meet successfully those rare forms of disease that baffle common practitioners. Every such man is a host in himself, and his influence is of great advantage to the cause.

If a man truly believes that he possesses anything that is superior to his neighbors, the knowledge of which will be of advantage to the public, it is his duty, by every means in his power, to disseminate it. Any other course than this would be selfish, and when not original with him, would be unjust. We are believers in propagandism, and hold that each individual will be benefited by his efforts to extend the reform, in addition to the general good that will result from such efforts. Our earliest eclectics were zealous propagandists, and took up the cudgels in defense of their views on every occasion, and carried their warfare into the very camp of the enemy. The result was that this continued attrition kept them bright and diligent, and gave them a meed of success that is never obtained by a drone or time-server. If we have faith in eclecticism, we should endeavor to strengthen it in our localities by instructing the people, and by illustrating to our opponents the advantages to be obtained by a knowledge of reform.

We want more physicians in all sections of the country, and the need is pressing, if we desire to advance the cause.

Not only do we want them in hundreds of country towns, where the people would gladly receive them, but the need is far greater in large cities. We have over twenty practitioners in Cincinnati, all doing well, and several accumulating fortunes, and yet I could name several cities in which there are equal advantages, in which we are but feebly represented, or not represented at all. It is our duty to find men men for these places, and to see that they possess the necessary qualifications and are properly educated.

No man has a right to shirk this duty, as it is simply a repayment in kind for the work done for him.

It is our duty to strengthen the hands of our brother practitioners by aiding in effecting organizations in every State, and every district where there are sufficient numbers.

In union there is strength, as our opponents have proven to us during the last four years, and if we desire to exert that influence which inheres in so large a body of men, and to have those rights to which we are entitled as citizens, we must establish permanent organizations. It will require no great loss of time or expenditure to do this—let two or three days in the year be devoted to it and it will be done.

Where the initiation steps have been taken to effect such organization, each one should consider it his duty to aid at least by his presence if he can do nothing more, and if such steps have not been taken, by concert of action with others to start the good work. Our reform has succeeded beyond all expectations, but this success has been achieved by hard labor. We are not yet in a position in which we can sit down and calmly fold our hands, as in the onward movement of the age we would be run over and lost in rubbish that is left in the rear. We have a constant work to do, and I have faith that we have the men to do it, and do it well; but to attain the desired success, our efforts must be united and continuous.

J. M. SCUDDER, M. D.

CINCINNATI, OHIO, *May 25th*, 1865.

ARTICLE XX.

A Brief Historic Review of Medical Eclecticism. Read before the Eclectic Medical Society of the State of New York, at Rochester, June 14, 1865, by O. DAVIS, M. D.

Mr. President and Gentlemen, Members of the Eclectic Medical Society of the State of New York:

In response to your courteous and repeated invitation, I now appear before you, to offer a few thoughts in the hearing of my professional colleagues, and I confess the greater courage to make the attempt on this annual occasion, because of the well-known liberality of your sentiments.

During the pendency of your invitation, we, as a people, have safely emerged from a civil war of unparalleled magnitude. The issue was republican and civil liberty or slavery. Civil liberty has triumphed, God be praised, and human slavery is dead. We are now only a little troubled in getting its mortal remains out of the way.

Our noble, intelligent soldiers — common school graduates, patriots in principle and victors in arms, the pride of the nation —are now returning to their homes, and will immediately engage in peaceful industrial pursuits, again skilling their fingers to arts or training their minds in useful knowledge. "They shall beat their swords into plowshares and their spears into pruning-hooks," and in the great shadow of the tree of Liberty, enjoy the repose and the blessings won by their valor.

Our profession, enjoying the high reputation of being foremost in recognizing practically those blessings essential to make us a free, virtuous and happy people, do hail this returning peace, with all of its new incentives, baptizing afresh art, science and agriculture, with great joy, expressing our fervent hope, that within the bounds of this reunited republic, we shall hear of war no more.

Neither are we unmindful of the fact, that during the last winter's session of the Senate and Legislature of the State of New York, they have, by an act of incorporation, given our Eclectic Medical Society of the State of New York a legal and honorable existence, with power to organize local medical societies, and with privileges to establish a medical college and confer the

degree of Doctor in Medicine. Grateful for this recognition of our rights, let our tardy organization be of a sturdy growth, wise and deliberate in its action, strong in its principles and measures, and true conservators in medical practice. May we feel quickened with renewing zeal, and with greater courage devote ourselves to professional advancement.

All human knowledge is limited, and, sensible of our great defects, yet as finite beings, with faculties to be indefinitely enlarged and improved by researches and comparisons, it does seem eminently proper for us, by way of encouragement, when we meet, to consider humbly our origin, our advances and our aspirations.

In the world's genesis, the conviction generally prevails, that darkness anteceded all created things. So the origin of medicine can be traced far back into the uncertain past, through the vague mists and shadows of time, into the darkness and obscurity of antiquity. Whether its first historical traces can be found in Egypt or in Greece, I cannot determine; some ascribe its beginnings to Asclepiades, the priest-physician among the various temples of Æsculapius, from whom followed the great Hippocrates, the founder of *empiric rationalism*, and who wisely endeavored to separate the results of actual experience from vain speculation. However this may be, it only discovers to us that at a remote period, in the twilight of the past and amidst uncertainty, it began its career. Born of necessity, the offspring of the instinct of self-preservation, surrounded by ignorance and prejudice, it has oft struggled to loose itself from the bonds of the unprincipled, who would make it contribute exclusively to the interest of mercenary quacks or to that of exclusively religious or medical sects; and it comes down to us with accelerated progress, bearing its accumulated honors with patriarchal dignity, and invites us to add to its discoveries and renown while we avail ourselves of the riches of its past history.

The doctrine of Hippocrates was blended by his immediate successors with the Platonic philosophy, whereby was formed the (so-called) *ancient dogmatic system*. Afterwards the *empyric school* was founded about 286 years B. C.; next followed the *methodic school*, 100 years B. C.; then the *pneumatic school*, 68 years B. C.; and at length the *eclectic school* appeared, in A. D. 81, which selected from all other systems of medical practice.

The *Galenic system* succeeded this during the middle ages, and

for slavishly adhering to old notions and antiquated prejudices, was also, in its turn, very properly succeeded by a more scientific, eclectic spirit of investigation, in the leadership of one Theophrastus Paracelsus, about the year 1526. Again our professional knowledge was improved by Harvey's discovery of the circulation of the blood; then followed the *dynamic system* of Hoffman, and latterly the *homœopathic system* of Hahnemann, the *hydriatic system* of Priessnitz, as well, also, as the doctrines of M. Broussais, who endeavored to trace all diseases to inflammation of the bowels.

Thus our profession can fairly establish its claims to mutability and also to commendable progress. Evidently, it has ever been divided into schools and parties, rivals to each other, just as at present. For reasons which will soon appear, we have chosen the *eclectic school* of medicine, which has given rise to the American system of medical practice. True, the *allopathic school* is more wealthy and numerous, and are self-styled "orthodox" and "regular," but for what reason is not exactly known. Probably for equally apparent reasons, I think it was Mahmoud II, Sultan of the Ottomans, who also was self-styled "*The Shadow of Allah upon Earth.*"

A charitable criticism may be made of Hahnemann's School of Homœopathy, for the exclusive spirit manifested by many of his followers, who, like its discoverer, believe and teach the absoluteness and perfection of their therapeutics, and their universal and unfailing application in the treatment of the sick. Partaking more of empirical rationalism, it has taught us to recognize the fact, that drugs are dynamic modifiers of disease, and has illustrated to us, also, the importance of depending more upon the resources of nature, and less upon those of therapeutics.

Hydropathy, as a system of practice, has many believers and patrons. Its various remedial processes are to some extent employed by the different schools. Allopathy employs them in surgery; homœopathy as an adjunct to remedies. Eclectics use them still more generally in fevers, inflammations, and acute diseases; while hydropathic institutes employ them to effect full and free critical and constitutional changes. That kind of Priesznitzian idolatry, which was so fashionable, claiming it to be practically, the grand consummation of all medical art, is only another evidence of the vanity of human frailty; for we can readily understand that enthusiastic admirers, who had obtained benefit from

its processes, should resort to hyperbolical encomiums and extravagant assertions concerning its remedial powers. It has contributed much to improve the practice of medicine, and its various processes greatly enrich our therapia.

Something may be learned if we retrospect the *Paracelsian school* of medicine. In the 16th century, Paracelsus introduced his chemico-theosophical system, which was finally passed over into a chemico-material system, and from that into the psychiatric system of Stahl. Through all of its subsequent mutations it has maintained its credulity in the virtues of mercury. Poetical praises are sung, and satirical shafts are thrusted, the one to celebrate its supposed virtues, the other at its infamous vices. Its injurious effects are expressly mentioned or virtually admitted by most eminent writers. It produces emaciation, debility, scrofula, cachexy, diarrhœa, consumption; in fact every disease follows its use. The sharpest lampoons have been hurled at the profession for continuing its employment. It has been more than the child of adoption in the allopathic practice; it is its only legitimate, recognized and admitted heir. It is the sine-qua-non of "regularity." The Sultana mother never calls her son otherwise than "My Lion, my Tiger!" It is so indispensable as to determine those who are considered "*orthodox*."

This remedial god in character finds its parallel in Mercury, the son of Jupiter and Maia. According to tradition, the ancients represent Mercury as the herald and messenger of gods. He conducts the souls of the departed to the lower world! (I suppose it would be vain for us respectfully to enquire if that is the disposition he makes of his *regular* foster parents)?

Mercury was likewise distinguished among the Greeks as the god of theft and robbery, especially when fraud and cunning were employed. He was, also, the symbol of prudence, cunning and fraud, and even of perjury. I need not draw the parallel between this mythical god and the adopted remedial one. It is but just to state that these ancients in their rude antiquity did not associate with the qualities ascribed to it anything dishonorable or base; and it strikes me, that if allopathy did not act in the same blind, paternal way, mercury would have lost all of its remedial reputation a long time since!

The first history that we have of an Eclectic School in Medicine, is the one I have just alluded to, which existed A. D. 81. In the history of philosophy, this term was also applied to that

sect of Greek philosophers, who strove to unite and reconcile the opinions of Pythagoras, Plato and Aristotle, and to bring them into one harmonious system; so that the word "eclectic" is applicable to any school which is not restricted to one system entirely, and is free to select the best ideas and parts from all systems. This freedom of thought and action can have no tendency to curtail investigation or limit progress. Medical eclecticism, intent on development, enlightened by scientific choice, must be doomed to "poor picking," not to embody in its system the greatest and best improvements of the times.

On this western continent, the first Eclectic Medical School was established only about forty years since. In the course of events, the honor of initiating the same is awarded to the venerable Dr. Wooster Beach. His labors were seconded by able coadjutors, and the spirit and the work moved on. The object sought by establishing these colleges, was not simply to embody an improved system of medical practice, but also to accomplish a higher moral necessity, of freeing the minds of students from sectarian biases, and from the arrogant and intolerant spirit of the prevailing schools. Especially allopathic institutions in this country were already exercising an unjust and unscrupulous monopoly, claiming in high and low places to be the exclusive repositories of all medical science, and in that spirit dispensing both the emoluments and profits arising from the practice.

In this particular they were not unlike the idolatrous pristhood, from whom Hippocrates undertook to wrest the art, and so modern eclecticism began by exercising Hippocratean functions. The attempt to maintain exclusive scholastic and dogmatic authority over the minds and bodies of mankind, is so great and so dangerous a tyranny, that it is worth a costly sacrifice and an herculean effort to overthrow it.

History is forever repeating itself, furnishing occasions for moral parallels in the upward struggle of humanity. Medical and puritanic reforms give us an illustration. At the time of the establishing of the eclectic colleges, there was a remarkable unanimity among allopathic writers in recommending the employment of mercurials and venesection. These favorite features of practice were as strongly commended by the professors in the colleges, and thought to be so essential, that conformity of opinion and uniformity in practice was made the test of professional respectability. Throughout this country, an eclectic (a reformer), would

be professionally ostracised, popularly and socially so, stigmatized as a quack, pretender, and a disgraceful interloper. All the little county medical societies, animated by the same spirit, would repeat this influence, by their regulations and by-laws. When these allopathic remedies were declared to be unscientific, and a required reform in the practice, when, too, the tyranical and dogmatic position of the school was assailed, the effect of these propositions can now only be imagined. The manner that reformers were traduced, ridiculed, brought before the courts, anathematised generally by the mercurial sangrados, for questioning their authority, is pretty fairly illustrated in the history of the puritans.

It will be remembered, that in 1620 they landed at Plymouth, Massachusetts, driven from old England for *urging a more thorough reformation in the church.* To escape the wrath of christian fogyism, they came to America. In consonance with their principles, they established the religious liberty and tolerance of opinion here, which has culminated in our glorious republican institutions. Not only enjoying purer worship, but securing a more desirable boon, the liberty of conscience.

For doing the same thing medically, for questioning the theories, practice and spirit of the prevalent schools, one or two generations of medical men have had to live in opposition and prejudice, encounter reproach and persecutions, and die with armor on, contending for the liberty which we now enjoy. England and allopathy ought to learn some wisdom from experience. Under all of these trials and teachings, if our eclectic schools of medicine do not enjoy and inculcate greater liberty of conscience, exercise a truer spirit of charity, occupy higher moral grounds, assiduously cultivating their profession in the generous and improving spirit of science, then (and not until then), we may begin to doubt and consider that the severe trials and lessons of the past have been in vain. It is contrary to the rule of mankind's progress to suppose otherwise than that we should profit by the wise discipline of adversity, and that most important favorable results will continue to arise from the advent of medical eclecticism on this hemisphere.

Here, in this wilderness soil, where our liberties are consecrated with blood, where vast material energies have full play, and phœnix-like, a nation is born in a day, where rebellion rocks the cradle of liberty, until this continent vibrates with the oscillations of the slave power,—here, with far grander power, civil and

republican liberty asserts its supremacy, maintains its ascendency, by the intelligence and freedom of mind. In the purified atmosphere of these liberty-giving institutions, medical despotism of opinion and the consequent slavery of routine in practice, however desperate and tyranical, must fall. All lingering caste institutions are passing away and the spirit they represent. The battles of medical independence have been fought and victory won, and now comes the vigilance which is the price of liberty, to maintain the American medical practice, and to improve it in that liberal spirit which is but the genius of our free institutions.

In keeping with this reformatory spirit, under the inspiration of improvement, great, revolutionary and successful have been the changes which it has established. Notwithstanding the introduction of new means and measures—notwithstanding, also, the rejection of so many agencies heretofore employed, it has happily maintained a true and experimental conservatism in theory and practice.

In the spirit of scientific conservators, eclectics have ever claimed as distinguishing merits of the American practice of medicine, that it should be founded upon experience, and not upon pre-arranged theories; that it should be practical, and reject only that which experience proves to be false. In this spirit it aims to preserve the vital forces, and not exhaust nature by severe remedies. It discards those of a dangerous character, and substitutes in their place, sanative and efficient ones. Liberal and charitable, acting on the cardinal principle of seeking truth eclectically, and acting in consonance with unrestricted moral convictions, but submitting to no professional dictation, we may well feel proud of its position and objects.

The Position and Objects of this Medical School were most clearly set forth in an address to the people of the United States, issued by its national convention in 1848. They were briefly stated as follows:

1. To maintain the utmost freedom of thought and investigation, in opposition to the restrictive system heretofore in vogue.

2. To resist the influence of the prevalent errors of medical science and practice, and the authority by which they are sustained.

3. To aid and encourage the cultivation of medical science in a liberal and benevolent spirit, especially in the full development of the resources of the vegetable materia medica, and of the safest, speediest, and most efficient methods of treating disease.

These distinguishing features have been fully discussed, and kindred utterances have been freely poured forth, upon all proper occasions, to enlist the sympathies, to stimulate to research, to excite inquiry, to sharpen observation, and thus give the right hand of hearty fellowship to all whose scientific efforts might contribute to medical advancement.

It is gratifying to know that at this time these statements are regarded as correct expositions of the relations which the cultivators of science should hold, as science itself always leans to the welfare of mankind.

The attempt of eclectic medical colleges fitting students to engage in the American practice of medicine, is a great success. This has been done in Massachusetts, in New York, in Pennsylvania, Ohio and Kentucky, the several educational departments being sustained by able and practical teachers. It is estimated that there are now not less than 2,000 physicians in practice in the United States, graduates of these schools, and a still much larger number in the daily employment of the remedies which we have brought into use.

The advantages which our colleges enjoy may be considered in a two-fold light:

And 1st, *negatively*. No established practice can exercise any improper precedent or prestige in controlling our teachings. These have not had to be "conformed" to any procrustean measure of medical practice. All standards are advisory, none authoritative. We are not burdened by any cumbersome, pedantic or old fogy institutions, which hold in contempt everything new and experimental. Neither routine nor specific formulas, venerable for their antiquity, sanctioned so long that the pride and imbecility of age clings to them, govern us, nor have we the unnecessary labor imposed on us, before trying and adopting a new theory, to spend the strength of years, in controverting existing ones, or opposing old ones. We have learned that practically it is much easier to convert sinners than to reconcile theologians. In rejecting the arbitrary rule, the dogmas and authority of the past, we escape some of its errors, and are still free to draw upon its sources of wisdom, without the fear of its penal justification, which leads us to say:

2d and *positively*. We claim the privilege of exercising our judgment and our manhood *touching all questions* connected with the healing art, inspired by the divine moral, "*that where the spirit*

of the Lord is, there is liberty." Unquestionably, it is our right to judge, to use our individual opinion without condemnation, unless in the light of scientific progress. Practical tests we are to apply to all claims. Experimental researches are needed, and all scholars and philanthropists, all lovers of progress and of mankind, are *invited* to the work. This is the spirit of our position. Our medical philosophy is in advance of mere sectional or party interests. It widens its scope to embrace all for humanity. Those making discoveries, desire to test them in practice, and if they prove to be of value, to have their worth suitably acknowledged. To all such we have given every facility and encouragement, and are ourselves largely indebted, and our medical resources greatly increased by the encouraging policy which we have adopted.

It will not be expected that within the limits of a very brief address that I shall be able to call your attention to all our claims of improvement in practice, or to dwell upon the radical differences which distinguish our philosophy and teaching. It will not be inappropriate, however, by way of illustration simply, to make one or two allusions to them. Meantime we cannot, in passing, forego the remark that the revolutionary elements of this school have spread contagiously into the ranks of allopathy. We no longer see the demure, long visaged, powder-wigged M. D. of forty years ago. His carefully worded expressions, spiced with here and there a technical phrase, his measured accents and rythmical nod of the head, with which his emphatic gold-headed cane seemed *en rapport*, the ample pill-bags and the drug-perfume were all associated with the idea of his gallant heroism in many stern combats with the grim monster, in which death itself was dismayed. These are characteristics which are all quietly moulded over into the modern, hygienic and expectant M. D.'s, who inherit but little in common with those, excepting the mercurial Sampson and the prestige of their regularity. Revolutions sometimes work silently. We are then surprised at their results. Latterly, I have often heard allopaths stoutly insist upon their claims to be ecleotics. If you remember, Philo was a learned Jewish author, who lived in the first century of the christian era. He adopted the doctrines of Plato so completely, that it was said of him, "*Philo Platonises.*" Perhaps a tribute of praise is accorded to us in the two words:—"ALLOPATHY ECLECTICISES!"—Allopathic fallacies in practice have arisen from equally great fallacies in pathology. Admitting that pathology is the foundation to practice, we claim that our

improved system of treatment is based upon radical and unchanging differences of pathology. The unstinted use of the lancet which sought for its victims, those suffering from fevers and inflammations, was in accordance with a pathology which would make large reductions upon vitality in order to subdue the inflammations. After thus freely depleting the system of the very pabulum of life, it could then be put upon mercurial alteratives. Their pathology and practice are inseperable. Hence the lancet has been not inaptly termed, the "sheet anchor" of their practice.

In rejecting their pathology we also rejected their practice. This conflict of opinion lead to criminations. The lancet was unsheathed in the name of science and in the interest of orthodoxy. All who laid aside its use were irregular. The issue was made in almost every sick chamber, and the battle was made as desperate between "regulars" and "irregulars," as it could be made. A few years ago, it was, and in some places, at the present time, it is in vain to adduce the experimental researches of such renowned names in science as Andral, Simon, Magendie and others, in support of the view that it is not only unscientific, arbitrary and unsuccessful, but that the withdrawal of the red globules diminishes the activity of the constitution, thus laying the foundation for adynamic and cachectic diseases. These eminent men clearly established the fact, that every bleeding produces special changes in the composition of the blood, while it never removes disease.

To-day the little lancet lies rusting in its scabbard, becoming more and more of historic interest, by way of illustrating the frailties of orthodoxy and the rottenness of its theories.

Now, assuming that we have rejected their pathology and practice, and adopted one, the statistics of which clearly demonstrate to the candid enquirer, its relative superiority, the question arises, why is not this superior practice at once accepted and adopted?

"*Aye, there's the rub?*" To the uninitiated, or, to those who have not reflected, it is sufficient to suggest, that where such success is a demonstration of the absurdity of "regularity," destructive of their "prestige" and fatal to their teachings, it would not be, it could not well be soon recognized by the profession. "My lion and my tiger" are yet pets. The cunning of power ofttimes imitates one who was self-styled, "the *shadow of Allah* on earth!"

Another feature is equally illustrative of the unsoundness of their pathology, and of their practice. In remittent, congestive, catarrhal, typhoid, and throughout the whole class of eruptive

fevers, we are advised by all allopathic teachers and writers, to administer calomel. Where it is not recommended, it is the exception, and not the rule.

So strongly was this feature of practice insisted upon, that it was worth a professional man's reputation to call it in question. A rejection of its remedial services was to dishonor the practice, and that, in turn, would withdraw all fellowship from the medical dissenter. Whether committed by one or many, it was held to be of a mortal medical heresy, and it was due to the dignity and purity character of the great allopathic body that such should be disgraced, rejected by their associations, and treated to discourtesy whenever brought into professional relations. Its fundamental essentials required penal sanction. Severity is often an element of error, and power and arrogance sometimes get the better of progress. While these agencies were at work to oppose external operations, other agencies were in operation within. The researches of such medical celebrities as Drs. Pereira, Zeller, Buchner, Colsiss and others were demonstrating that mercurial preparations combine internally with the solids and fluids of the human body, forming new compounds, and by their chemical affinities opposing the functions of organic life; that they thus unite to alter, derange and destroy the tissues of the body; that this chemical union becomes so intimate and fixed, that destructive distillation is necessary to break up these firm alliances.

These demonstrations of views found their practical realization in the successful efforts of our physicians to dispense with its use. Eclectics had become entirely dissatisfied with it, not only in regard to its uncertainty and inefficiency of operation, but also because of its evil effects. An inspection of the text-books of the American Medical Practice discloses that, in all diseases, the use of this agent is dismissed, and remedies far safer and more efficient are substituted in its place. We have invited the profession to a full and fair trial of them, appealing to facts and to palpable demonstrations for the truth of our assertions.

We have adopted the principle of doing away with all pathogenetic medicines, and replacing them with those of unquestionable remedial character. We are also making large contributions to the eclectic pharmacy of the active principles of indigenous remedies; so that, in our management of diseases, we never so much as think what will *substitute* any mercurial drug, but what agencies are best. Out of a hundred new remedies, from which

to select, we have, in constant daily use, more than twenty-five organic remedies which, for certainty of action and congeniality with the constitution, cannot be substituted. The superior virtues of these remedies are being acknowledged, I might say, even faster than a judicious conservatism will allow.

To illustrate eclectic progress in materia medica and pharmacy, I will very briefly allude to the fact that, until within a very recent period, the science of vegetable analysis was unknown. Latterly chemists have learned that vegetables contain, among other proximate principles, certain resins or resinoids, which often contain the principal medicinal virtues of the plant. For the introduction of these organic remedies which have been used especially as substitutes for mercury, we are indebted chiefly to that distinguished man, John King, M. D. As early as 1844, and again in 1846, he called attention to podophylline to iridine, and macrotyne. In 1848, Wm. S. Merrill, M. A., prepared these, with several others of his own invention, put them up in quantities, and thus directly brought them to the notice of the profession. The results we know. Their sale is immense. Their use is becoming general. To supply the demand for them, there are several manufacturing houses in Cincinnati, one in New York, and one has commenced their manufacture in Boston. The names which Wm. S. Merrill applied to these organic remedies on introducing them to the profession, are still retained. In discovering, testing and applying the resins and resinoids and developing their remedial worth, the honor mainly belongs to the American Medical Practice.

We have alluded to the discovery and application of these remedies, because it constitutes so marked an era in medical practice.

The pernicious influence of mercury was manifest in its effects; its pathogenetic character needed no other demonstration than facts drawn from experience; and, likewise these new remedies only required observation and experience to establish the fact of their congeniality to the human constitution. We did not have to wait until we offered demonstrative reasons for their efficiency; that work we left to the common sense and common observation of medical men. Neither did we undertake to overturn the false doctrines of pathology theoretically. We allowed these remedies to revolutionize the entire practice of medicine, by executing the flanking movement, and the old pathology may take care of itself.

And will they not honorably distinguish our medical school during the first half-century of its existence.

Another phase of medical eclecticism claims a moment's attention, viz, *its literature.* As we have already considered, its history has been full of incident; for from its first inception to the present time, it has proved its spirit by a succession of advances, discoveries and improvements, creditable to the profession and beneficial to the community. We must popularize medical knowledge. Its diffusion ought to be thorough and general. Our monthly periodicals have done much for popular and professional enlightenment. Several have been published in the New England states, three in New York, two in Pennsylvania, one in Georgia, one in Kentucky, three in Ohio, and other journals in other states. In this way several thousand volumes have been issued from the press during the past thirty years, furnishing reports in practice of the successful employment of new and concentrated remedies, abounding with useful hints in the management of diseases, and presenting the statistical results of practice.

Cotemporaneously, our physicians have published a number of works on the theory and practice of medicine, by at least eight different authors. We have, also, eclectic text-books, written by different physicians, embracing a variety of subjects, among which may be mentioned Surgery, Chemistry, Pharmacy, Medical Dictionary, Materia Medica, Diseases of the Chest, Diseases of Women, Midwifery, Hydro-Therapeutics, Functions of Nervous Matter; in fact, many other publications in the interest of the American Medical Practice, and, I apprehend, not only a greater number, but embracing a greater variety of subjects, than have been issued from the press in the interest of Old School medicine during the same time, so far as I am aware, including twice that period of time. It is undoubtedly due in part to these publications, that so early and general a knowledge of our new remedies obtained amongst the profession. We have not been able, as yet, to supply the demand for eclectic practitioners. We want more educated men to give us, in turn, a higher literature. We need more *scholars*, men of universal reading, close observers, thinkers and patient investigators.

We have been embarrassed somewhat in trying to supply in our medical journals, popular reading. This is one reason why we have not undertaken to supply a first-class professional journal. But we expect to see our medical literature greatly enriched,

through the labors of those who are now receiving a thorough training in our medical colleges; and as our numbers increase, we shall be in better circumstances to give suitable support to a journal purely devoted to professional reading.

In taking a review of the past forty years, the last twenty of which I have been a close observer, it affords us a history worth our calm and serious contemplation. Although we established a reform in medicine, yet our position reflected upon the wisdom and measures, as well as practice, of the only chartered medical institutions in this country. They possessed age, influence, organizations, colleges and great strength with our legislators. They regarded our success as involving their overthrow. They possessed the vantage ground, and our contentions for change and for principles were frequent and sharp. There was manifested on their part an intense bitterness and hostility. They claimed to be the only true sources of medical knowledge, and they determined to create and maintain irreconcilable antagonism between our systems. Some of my colleagues before me have suffered in property, some in good name, some at the hands of prosecutors, some by not being able to collect their dues, some have been traduced as vile and unworthy, some have been burnt in effigy; to destroy their characters, their professional standing, to excite low and vulgar prejudices and break down their practice; these have been the expedients which our opponents have often adopted. We have, like the oak, grown strong amid storms and persecutions. Our principles have become realities and are endeared to us, because we have suffered for them. At the present time, this eclectic movement is only just begun. True, it may not much longer belong to these earnest, silver-haired veterans—*they have already done nobly;* but a cause upheld by so many great moral considerations will live in the coming future. We will soon pass away; men and generations soon die out, but principles are enduring.

It is an axiom, that we must earn whatever we gain. Through hardship and suffering, through good report and through evil, and by diligent study, we can improve the practice of medicine. We may learn that obstacles are needed to intensify our zeal; and by these trials and efforts we may expect to qualify ourselves for our duties. For these reasons, my brethren, I salute you as tried friends of this benign cause. Not only do I conceive that our art specially contemplates the amelioration of pain and suffering, but you have carefully adopted eclectic principles and practice because

you are convinced that you can confer on others still greater good. To accomplish these results, your efforts have seemed inspired with a calm, sacred enthusiasm. Certainly your labors have not been in vain, promoting peace and good will amongst men.

Finally I salute you, my compeers, as true to the flag of our country. In the day of our country's trial, in her longest, darkest hours, you have given her at all times your steadfast support. We cherish with great satisfaction the knowledge that we have freely contributed our skill in relieving the ills and appalling distresses attendant upon the rebellion. Wherever there has been a fallen soldier, there has been the ubiquitous presence of our science and art, with healing on its wings. Upon the just and on the unjust, upon loyal and rebel, our remedial and surgical agencies have been exerted in the interest of common humanity. The stars and stripes are now emblems of freedom, and long may they wave.

I have already detained you, possibly, too long; but, in closing, I wish to select a pen-picture, so graphic and perfect, of our calling, by Prof. A. H. Stevens. He commences the beautiful sketch in these words:

"The vocation of the physician is the spirit of true Christianity in action. It consist not alone in healing the sick, in soothing the afflicted and recalling the wandering intellect, but also in cherishing a love of peace and moderation amongst all men, and in promoting moral and intellectual improvement. The practice of the healing art is an occupation intrinsically dignified. It cannot be divested of this quality by the humble condition of the practitioner or by the repulsive nature of many of his duties; still less by the lowly condition of his patient. In the most abject human being, the true physician recognizes a fellow man; in the most exalted, nothing more. The offspring of the highest and the lowest, in the first moments of their existence, come under his care, alike naked and helpless. The screen which in after life conceals many of their weaknesses and some of their virtues, ever open, more or less, to the medical observer, is for him removed by sickness and by misfortune. Before the man of healing, the trappings of greatness are laid aside, and the cloak of deformity is dropped. Beauty puts off her ornaments, and, without a blush, modesty raises her veil. And when, at last, man is about to take his plunge into the abyss of eternity, he strips off all disguise and stands revealed in his primitive nakedness and helplessness. Surely

they who hold such relations to society should be learned, discreet and wise; trained by liberal studies and by illustrious examples, to be ever true to the cause of humanity; elevated by education, as by education alone they can be elevated, to rise above all that is sensual and sordid."

No one better than yourselves can realize the truthful delicacy of this description of our calling; and still I think that its coloring would be more perfect, if it had expressed a just tribute to the grace, dignity and patience of woman, whose presence cheers the sick, whose tender sympathies console them, and whose faith and virtue sustains them. Faithfully discharging the functions of nurses, administering our remedies, and also supplying the patient with attentions and comforts, which their helpless situation demands, oftentimes with delicacy and womanly discretion, in many ways affords material advice and aid to the physician, in the discharge of his responsible duties. Throughout life, she is ever with us, in our successes and in our achievements to hold the honors easy, and in our adversity to share willingly our lot.

To the junior members, on this occasion I will only say, that to you, in a special sense, is committed the record of the future. I know that it is your present determination to make it a worthy one. Your ambition must be tempered by labor, and in after time you will be richly rewarded for your exertions.

I may say to our senior members, I recognize the fact the experiences and responsibilities, the eventful days and watching nights, the toil and exposures to which you are incident, are not only whitening your locks, but professionally and to life itself, its sun is casting our shadows eastward. I can but hope, as I reflect, when the grim spoiler has seized upon our patients and friends, and we have, with our utmost skill in exercise, attempted to "break the jaws of death and pluck the spoil out of his teeth," that by so doing we deserve well of mankind. After faithfully toiling to smooth life's rugged pathway for others and plucking the thorns of pain, after contributing your full share to the pleasures of your day's existence, may I be allowed to add my wish, that when its evening overtakes you, may it be a long and pleasant one, full of cheerfulness and comfort to those about you, and when you go hence may your memory be that of the just.

ARTICLE XXI.

Cactus Grandiflorus. By Prof. JOHN BUCHANAN, Philadelphia. Read before the New York Eclectic Medical Society, at Rochester, June 15, 1865.

The cactus grandiflorus is indigenous to Mexico and the West Indies, although it has been cultivated quite extensively in Europe. All parts of the plants are possessed of medicinal properties which are of the most valuable description. It is an antiphlogistic agent of wonderful power; it does not, however, act like aconite, veratrum, gelsemin or digitalis; it would seem to preserve the vital forces, so necessary in certain diseased states. Its therapeutic value seems to consist in acting as a sedative to the nerves presiding over the heart's action, in suppressing irritation or excitation. The only preparation so far in general use, is a tincture prepared from the fresh plant; all parts of the plant are used for this purpose, macerate in alcohol for a month, then it is fit for use.

Mode of action.—It acts with promptitude, given in the following way: forty to sixty drops in half a tumbler of water, of which a teaspoonful may be given every two hours; it will reduce an excited, bounding pulse in a short space of time; besides, it rapidly relieves the painful sufferings and difficulty of breathing.

By the homœopathist it is regarded as a specific remedy in all diseases of the heart, curing promptly, efficiently and alone. It acts like a charm in nervous affections of the heart, as well as in cases of atrophy and hypertrophy.

From my own experience with this agent, which has not been very extensive, I am of the opinion that it acts as a sort of anæsthetic upon the par vagum, and in this way retards the heart's action; or, suppose we grant that the par vagum is the vaso-motor nerve of the coronary arteries, and that its stimulation causes contraction of those vessels, and thus, by preventing the passage of blood into the cardiac tissue, diminishes the frequency of and controls the pulsations. It has also a direct and powerful influence upon the sympathetic nerve.

Cactus, as a specific for diseases of the heart and blood-vessels, is attracting attention, and physicians who have judiciously tested it, have accorded it great power. In all diseases, in hydropathy as well as atrophy, its effects are unsurpassed; even in diseases of insufficiency, failing muscular power of the heart, it is valuable.

In palpitation from anæmia or chlorosis, typhus fever or diphtheria, its use should be preceded by pyro-phosphate of iron, nourishing diet, fresh air, etc., improving the impoverished blood, and thereby renewing the degenerated tissues; then following with the cactus.

In pericarditis from rheumatism, no remedy has such a powerful influence over the disease as alkalis, or as the acetate, or citrate of potash or phosphate of ammonia. It is a well recognized fact, that the poison (lactic acid) which produces rheumatic arthritis (the lactic acid affecting fibrous tissue) is identical with that which produces rheumatic pericarditis; first, then, give sufficient of some alkali, so as to render the urine normal, then administer cactus.

What the effect of the remedy would be in cases of embolism, I am not prepared to show; but in any affection where we are desirous of controlling the heart's action, with a view of preventing or relieving sanguineous congestions, such as apoplexy, epistaxis, hemoptysis, etc., there can be no doubt of its value.

Diseases of the heart are not only becoming more prevalent, but better understood. We are all well aware that the mortality from this source is great; it is also notorious that our list of remedies is very limited. We hail, therefore, with delight the Cactus grandiflorus, as an agent calculated to meet certain pressing indications and, so far as our present limited experience goes, one of inestimable value.

ARTICLE XXII.

Eclectic Medical Society of the Twenty-third Senatorial District. Organization of and report of the proceedings of the first meeting. By T. L. HARRIS, M. D., Secretary.

Pursuant to a call by R. P. Crandall, M. D., of Greene, for a meeting of the eclectic physicians of the twenty-third senatorial district, for the purpose of forming a medical society auxiliary to the State Eclectic Medical Society, the meeting was held at the Cottage Hotel, in South Otselic, August 16, 1865. The meeting was called to order by R. P. Crandall, M. D., who briefly stated the object of the meeting.

H. C. Gazlay, of Cortlandville, was chosen chairman, and E. R. Morgan, secretary, *pro tem.*

On motion of T. L. Harris, M. D., the chairman appointed T. L. Harris, G. E. Lawrence and R. P. Crandall as a committee to report a constitution and by-laws.

On motion of R. P. Crandall, the chairman appointed R. P. Crandall, G. E. Lawrence and E. R. Morgan as a committee to report officers for the permanent organization.

The meeting adjourned to meet at one o'clock P. M.

At one o'clock the meeting was called to order by the president, and the minutes read and corrected; after which the committee on constitution and by-laws made their report, which was accepted and adopted.

The committee on permanent organization reported the following officers, who were elected for the following year:

President.—R. P. Crandall, M. D., of Greene.

Vice-President.—H. C. Gazlay, M. D., of Cortlandville.

Recording and Corresponding Secretary.—T. L. Harris, M. D., of Cazenovia.

Treasurer.—G. E. Lawrence, M. D., of Smyrna.

Censors.—Drs. E. R. Morgan, A. A. Bolles, S. D. Hanchett.

The president, on taking the chair, presented an address on the principles and practice of eclecticism, which, on motion of G. E. Lawrence, it was resolved to print with the proceedings of the meeting.

The president made the following appointments for the semi-annual meeting:

Dr. H. Gazlay.—Address.

Dr. T. L. Harris.—Essay.

Dr. G. E. Lawrence.—Concentrated Remedies.

Dr. E. R. Morgan.—Typhoid Fever.

Drs. G. Lawrence and S. E. Morgan.—Delegates to the State Eclectic Medical Society.

On motion of G. E. Lawrence, the meeting adjourned to meet at the house of O. Jewell, in Cazenovia, on the second Wednesday of January, 1866, at 10 o'clock, P. M.

H. C. GAZLAY, *President pro tem.*

E. R. MORGAN, *Secretary pro tem.*

PROCEEDINGS OF THE FIRST ANNUAL MEETING.

The annual meeting of the Twenty-third Senatorial District Eclectic Medical Society was held at the Messenger House, in the village of Cortland, Cortland county, May 30, 1866. The meeting was called to order by the vice-president, Dr. H. C. Gazlay. The Secretary's report was read, and, on motion, adopted. The Treasurer presented his annual report, which, on motion, was approved. The reading of the constitution and by-laws was called for, after which the following persons were proposed for membership, and, on motion, approved: Drs. A. S. Douglass, S. D. Hanchett, E. Loomis, H. Scranton, E. E. Salsbury. The Report of censors was presented and approved. The committee on nomination of officers for the ensuing year reported as follows:

President.—H. C. Gazlay.

Vice-President.—G. E. Lawrence.

Recording and Corresponding Secretary.—T. L. Harris.

Treasurer.—E. Loomis.

Censors.—H. Scranton, E. R. Morgan, S. A. Douglass.

On motion the report was adopted. Drs. H. C. Gazlay and G. E. Lawrence were nominated as permanent members of the State society. On motion, Drs. T. L. Harris, E. R. Morgan, H. Scranton and E. E. Salsbury were elected delegates to the State society. The president appointed T. L. Harris, H. Scranton, G. E. Lawrence, E. R. Morgan, E. Loomis, E. E. Salsbury, S. D. Hanchett and A. S. Douglass, essayists for the semi-annual meeting. Several interesting papers were presented, read and, on motion, referred for publication. On motion, the meeting adjourned to meet at the Eagle Hotel, in the village of Norwich, Chenango county, the second Wednesday in January, 1867.

R. P. CRANDALL, *President.*

T. L. HARRIS, *Secretary.*

ARTICLE XXIII.

How to obtain Union by First Intention. By Prof. JOHN BUCHANAN, Philadelphia. Read before the Eclectic Medical Society of the State of New York, at Rochester, June 15, 1865.

It is a well attested fact in surgery, that there are certain conditions necessary to secure union by first intention. That salutary effort of nature, inflammation, must be controlled, by keeping the pulse at 75 or 80 by special sedatives; that is, we must keep it at the point of what is known as "adhesive inflammation," being properly the uniting of divided or contiguous parts, without any great degree of such incited action as amounts to inflammation proper. If we are unable, from some constitutional defect, to attain this desirable end with aconite, veratrum, gelsemin, evacuants generally, we can most assuredly obtain it by *irrigation*—the perpetual dropping of cold water from a sufficient height on the part.

Besides these, it is known that the rapidity of the healing process depends more upon the perfect adjustment of the skin and subjacent tissue than upon any other single element. By the profession at large, it is deemed of the greatest importance to obtain union by the first intention; it is greatly to be desired in all minor and major operations, more especially in amputations; and in all considerable operations, such as the removal of a limb, it is of primary importance.

Muscles are not disposed to unite by first intention, so that it is advisable that their contact should be reduced to the smallest extent possible with due regard to the circulation in the integument.

In all operations, *perfect adjustment* of the skin and cellular tissue should be rigidly aimed at in the shape of the flaps.

All irritating or decomposing substances should be carefully avoided. No wound or amputation should be closed for four or five hours, until all oozing has ceased; no blood or coagula should remain in the wound, as it would act as a foreign body.

Animal or vegetable substances in a wound, such as a silken ligature, absorb more or less fluids; they become centers of poisonous productions, from which the adjacent parts defend themselves by suppuration. Ligatures are irritating setons; each ligature is an arterial slough, inevitably exciting suppurative inflammation—a diminutive process of ulceration.

Metallic sutures absorb nothing, but they have failed to come into general use, because, if cut short, they may fail to imbed themselves, and thus make abscesses; and, if left long, they are more in the way than silk, and their track is a line of suppuration.

Arterial ligatures prevent the union of wounds in two ways, by acting as foreign bodies, extraneous and irritating, and by their producing strangulation and sloughing of every tied artery at the seat of ligation.

How can union by first intention be obtained? By attending to the nature or degree of the inflammation; by perfect adjustment of the parts; by using acupressure, instead of ligatures; by bringing the parts together with lead-wire sutures, and dressing the stump or wound with no dressing but gauze and collodion for support.

Professor Simpson, in 1857, introduced acupressure as a new hemostatic procedure. It has been very favorably received and frequently employed with some very excellent, decided results. It is difficult to predict its future; it is teeming with utility, although there are still certain mechanical difficulties attending its application, which retards its more general use as an ordinary means of arresting hemorrhage after surgical operations. Acupressure arrests hemorrhage by occluding a vessel with laceration or strangulation; a clot is formed, and ultimately coalescing of the walls of the vessel takes place. For this purpose, a metallic needle or needles or wire is used, of which the living tissues are very tolerant, and which can be removed at any time, without disturbing the wound, in a given number of days or hours, as the case may be.

The best method of applying acupressure is by a hair lip pin, or acupressure needles, from an inch and a half to two inches from the edge of the wound. As to its practical utility, no shadow of doubt can be entertained; its great merits consist in arresting the hemorrhage, and being placed away from the wound, thereby obviating the necessity of ligature; and thus it is an efficient help in aiding us in obtaining union by first intention; it is peculiarly useful where we have a diseased condition of the vessels, as ossification, or calcareous deposits on the coats of the vessel, or where there is some inherent weakness in its coats. We have excellent pathological reasons for adopting it, and a vast deal of chemical evidence in its favor.

There are certain parts of the body where it is peculiarly and strikingly useful, such as in amputations near the shoulder, or the

upper portion of the forearm, or at the knee joint—parts where there are only one or two vessels to be secured.

In the use of acupressure with a view of union by first intention, no ligatures for the arteries are used. Secondary hemorrhage cannot occur, for the needle can be retained for an indefinite period.

If time permitted, we might introduce a multitude of cases where acupressure has been used with perfect success, and no dressing but gauze and collodion used and union by first intention was secured.

I have seen cases at the knee joint, near the hip and shoulder joints, cases of the most unpromising description, in which the vessel or vessels were almost cartilaginous, full of ossific or calcareous material; cases that had suffered from some long and incurable affection, where amputation was the last resource. I have witnessed them over and over again get well, union by the first intention taking place under the use of acupressure.

My observation teaches me, that if the conditions are fulfilled in the use of this method, we have everything in favor of union by first intention. To obtain the desired result, certain conditions are indispensable to secure success; certain precautions are necessary; otherwise our object in employing acupressure is not gained.

All wounds or flaps must be neatly and systematically shaped, with no pulling or tension to keep them in apposition. Particles of bone dust, coagula of blood invariably act as foreign bodies, and must be removed from the surface of the flaps by a stream of water. Torsion must be resorted to in case of all the smaller branches, and the wound must not be closed until the oozing has ceased. The flaps should be carefully closed from below upward near the edges first, otherwise air may be included. Metallic sutures—leaden—might be used, the wound itself receiving no dressing, but being enclosed with a piece of gauze saturated with collodion the whole extent and a few inches beyond, not too tightly.

Gauze and collodion make an excellent dressing where sutures are inadmissible, as in scalp wounds, being easily removed if suppuration threatens, by wetting it with sulphuric ether. This method of obtaining union by first intention, to wit, acupressure and the above dressing has had a fair trial, and the eclectic profession being fully convinced of its utility, have adopted it.

ARTICLE XXIV.

Fourth Annual Meeting of the New York State Eclectic Medical Society.

The fourth annual meeting of the New York State Eclectic Medical Society was held at Cooper Institute in the city of New York, on the 13th and 14th days of June, 1866.

The meeting was called to order by the President, Prof. Robert S. Newton, M. D., at 10 A. M. The minutes of the last annual meeting were read and approved.

Dr. Worrall moved a resolution, which was carried, that a committee of three be appointed on credentials of delegates; and Drs. D. E. Smith, J. T. Burdick, and H. E. Firth were appointed such committee.

The report of the treasurer, Dr. D. E. Smith, was read, as follows:

Receipts since last annual meeting	$104 00
Disbursements	59 87
Remaining in treasury	$44 13

The committee on credentials reports the following names as delegates from district societies:

New York Society—Profs. Thomas D. Worrall, Edwin Freeman, Drs. L. H. Bone, E. Whitney, A. B. Whitney, D. Wilcocks.

From Brooklyn Academy of Medicine—Drs. E. H. Sands, M. Hermance, Schofield, Jacobson.

Tenth Senate District Society—Dr. Walter Jones.

Eleventh Senate District Society—Dr. Luther B. Hoag.

Twelfth Senate District Society—Drs. J. A. Martin, Chas. K. Brown, D. A. Chase, Alvin R. Edson.

Twentieth Senate District Society—Dr. James L. Humphrey.

Twenty-third Senate District Society—Drs. H. C. Gazlay, G. E. Lawrence.

Thirty-second Senate District Society—Drs. H. C. Taylor, A. P. Parsons.

The roll of permanent members was called, and the following answered to their names: Drs. H. E. Firth, B. J. Stow, D. E. Smith, Wm. W. Hadley, James T. Burdick, James Pennoyer, M. Hermance, R. S. Newton, H. Pease, R. H. Owen, C. K. Brown,

J. A. Martin, Wm. Jones, A. B. Wescott, B. F. Arnold, S. Tuthill, H. M. Sweet, R. B. Griswold, Wm. Clark, Geo. Newby, Chas. Brown, James C. Hulburt, B. P. Backus, H. Boskowitz.

Adjourned till 2 P. M.

Met pursuant to adjournment at 2 P. M.

The following were proposed and elected by ballot permanent members of the Society:

Drs. Walter D. Jones, G. E. Lawrence, A. E. Jacobson, Schofield, Daniel A. Chase, Alvin R. Edson, H. E. Finkle, James L. Humphrey, Elijah Whitney, A. B. Whitney, D. Wilcocks, H. C. Taylor, A. P. Parsons, Martin Hermance, E. H. Sands, L. B. Hoag, Thos. D. Worrall, J. A. Henshall, Edwin Freeman, L. H. Bone, H. C. Gazlay.

The following gentlemen signed the constitution and paid the initiation fee of five dollars, entitling themselves to full membership in the Society:

A. P. Parsons, L. H. Bone, Daniel A. Chase, James L. Humphrey, Walter D. Jones, Alvin R. Edson, H. C Taylor, H. C. Gazlay, Geo. E. Lawrence, Martin Hermance, Luman B. Hoag, A. B. Whitney, D. Wilcocks, Thos. D. Worrall.

The following received certificates of membership from the Society on payment of $5 each:

Herman Boskowitz, Daniel A. Chase, D. Wilcocks, Joel C. Hulburt, Chas. Brown, B. P. Backus, A. B. Wescott, James L. Humphrey, C. K. Brown, Alvin R. Edson, Benj. J. Stow, Walter D. Jones, H. E. Firth.

The following resolution, offered by Dr. E. Whitney, was adopted:

Whereas, Certain articles upon cholera and quarantine have appeared in the New York *Citizen*, therefore

Resolved, That we request the republication of the same in the columns of that journal as early as may be convenient, or in pamphlet form.

The committee on amending the by-laws reported, that having examined section 1st, article II, of the by-laws, they found that all delegates who reported with their credentials are eligible to membership, and they recommended that the words "have been" shall be changed so as to read "be;" and that in the place of the word "and," the word "having" should be inserted. (Report not signed by committee.) Laid over, under the rules, till next annual meeting.

On motion, it was voted to proceed to the election of officers for the ensuing year, which resulted in the election of the following, by ballot:

President.—Robert S. Newton, M. D., New York.

Vice-President.—Samuel Tuthill, M. D., Poughkeepsie.

Recording Secretary.—Wm. W. Hadley, M. D., Williamsburgh.

Corresponding Secretary.—M. M. Fenner, M. D., Jamestown.

Treasurer—D. E. Smith, M. D., Brooklyn.

Censors.—Drs. H. E. Firth, Wm. Jones, H. Pease, E. Freeman, A. B. Wescott, H. C. Taylor, H. C. Gazlay, Josiah A. Martin.

The president, upon being inducted into office, delivered an interesting address, adverting to the history of the science of medicine, the necessity that existed for unity of feeling and sentiment, and the importance of a thorough instruction of students.

The following resolution, on motion of Dr. D. E. Smith, was adopted:

Resolved, That having been informed that Dr. Squibb, of Brooklyn, has taken especial pains to speak disreputably of Eclectics, who have introduced into the practice of medicine many, if not the majority, of those agents derived from vegetables, which he is engaged in preparing, we would, therefore, recommend that our physicians use those prepared by Eclectic pharmaceutists, or others equally as good, the manufacturers of which do not take such especial pains to ignore and condemn our discoveries and efforts.

Adjourned to 8 o'clock, P. M.

Met at 8 o'clock, P. M., pursuant to adjournment, and listened to an address by Dr. J. T. Burdick. A vote of thanks was rendered and a copy requested for publication.

Professor Clark, of the Philadelphia Eclectic Medical College, and Professor Worrall, of the Eclectic Medical College in the city of New York, made a few remarks regarding the progress of eclecticism and the impression making upon the public mind throughout the country, the increase in the number of our physicians, and the confidence that they were obtaining.

On motion of Dr. Worrall, a committee of three was raised to prepare resolutions in view of the death of Prof. W. Byrd Powell, of Covington, Ky., Emeritus Professor of the New York Eclectic Medical College.

Drs. Newton, Freeman, and Burdick were appointed.

Adjourned till 10 A. M. Thursday, the 14th.

SECOND DAY.

The Society met at 10 A. M., the President in the chair.

Dr. Martin called the attention of the Society to the importance of having pure and properly prepared medicines—especially concentrated medicines, and thought the subject should be investigated. We ought to know that our medicines are reliable. Many of them are comparatively useless from being carelessly or ignorantly prepared.

The President remarked that we have to be governed much by the effect of a medicine in judging of its purity and value. If a manufacturer's name appears on a medicine; if his medicines are generally good, we rely on his stamp—his general reputation. The names of some manufacturers are to be regarded with suspicion; we only know their articles are good when we try them. In preparing concentrated medicines many pay little attention to carefulness, and their products vary; some are good—others are comparatively worthless. Prof. Proctor, of Philadelphia, said that concentrated remedies are especially Eclectic in their character, and they belong to the Eclectics by the right of discovery. The physician should test the remedies with care, and the information gained by use may be imparted to the pharmaceutist. When podophyllin was first prepared, all eclectic physicians in Cincinnati took some and tried it, and at short intervals reported its effects to the manufacturer, who, by that means, was enabled to perfect it. Plants produce variable quantities of active medicine according to the locality in which they grow. Remedies at different times have more effect than they do at others. We should encourage their manufacture, and try and induce manufacturers to make them as good as possible. Yet poor as they may be now, they are infinitely better than the poisonous drugs which they have superseded. He proposed that a committee should be raised to investigate and report upon the subject.

Dr. Freeman offered a resolution to that effect, which was carried, and Drs. Hadley, Freeman, and H. E. Firth were appointed.

Dr. E. Whitney remarked that we have no specifics. He suggested that every one should take particular notice to ascertain whether any remedy has a specific action upon any one tissue. The action of calomel, he supposed, was upon the mucous tissues, and the effects upon the glands is consequent upon that action.

Dr. Colton made some remarks upon the subject of anæsthesia. In 1844 he observed the effects, and was led to investigate the

subject. Morton, Jackson, and Wells all claimed the honor of discovering the anæsthetic effects of ether. He had revived the use of the nitrous oxide gas in New Haven, and used it in extracting teeth, etc. He gave some examples before the Society, and Dr. Freeman offered the following resolution, which was adopted:

Resolved, That the thanks of this Society be tendered Dr. Colton for his interesting history of the discovery of the anæsthetic properties of the nitrous oxide gas, and the entertaining exhibition of its use given by him.

A paper on Diphtheria, by Dr. O. E. Newton, of Cincinnati, Ohio, was read by the Secretary.

The following preamble and resolutions presented by Dr. Worrall were adopted:

Whereas, Certain very able and clear articles in reference to the character and proper treatment of Asiatic cholera, and the fatal errors committed by allopathic practitioners in reference to the treatment of that disease have appeared in a weekly journal entitled the New York *Citizen;* and

Whereas, In the opinion of this Society, it is of importance to the public health that the information contained, suggestions given, and statistics furnished in the articles of the *Citizen* should be diffused as widely as possible among the people; therefore

Resolved, That Gen. Charles G. Halpine, editor of the New York Citizen, is hereby tendered the thanks of the Eclectic Medical Society of the State of New York, for his exertions in behalf of the public health, and he is respectfully requested to republish those articles on the character and treatment of Asiatic cholera which first appeared in his valuable journal of Saturday, the 23d instant; and that this society will circulate as many copies as may be possible, and pledge itself to recommend that periodical as an organ of liberal views to all with whom the opinions of its members may have weight.

Dr. Freeman reported the following resolutions upon the death of Professor W. Byrd Powell, of Covington, Ky., which were read and referred to the committee on the annual report:

Whereas, It has pleased Divine providence to remove from the companionship of man, one so universally esteemed and admired for his stern virtues and the rare mental gifts with which he had been endowed as Prof. W. Byrd Powell, M. D., and it is fiting that this society should give some expression of its sorrow for his demise, and that it should include within its Transactions

some memento of its appreciation of his great talents, and for the purpose of transmitting to posterity some record of his rare merits. Therefore, be it

Resolved, That in the death of Prof. W. Byrd Powell, M. D., science has lost one of its most brilliant ornaments; one whose genius was devoted to a mental science which is destined, through the seeds he has scattered among men, to strike to the root of many social evils now prevailing, and to add a lustre to his name which will in aftertime, when the intellectual progress of the masses shall have sufficiently advanced to appreciate his great discoveries, be a monument more enduring than bronze and marble.

Resolved, That in the death of Professor W. Byrd Powell, we recognize a loss which is irreparable; for, in his lofty genius—although directed to the amelioration of human infirmity and to the perfection of mortal organization—there was such a happy blending of the noblest and most refined attributes of the heart with the most brilliant efforts of the intellect, that in his death, both science and society have met with a bereavement which is truly irreparable.

Resolved, That these resolutions be placed upon the books of this Society, and that they be suitably engrossed and framed, and transmitted to the brothers of the deceased.

EDWIN FREEMAN, M. D.,
THOS. D. WORRALL, M. D., } *Committee.*
ROBERT S. NEWTON, M. D.,

AFTERNOON SESSION.

The essay of Dr. B. J. Stow was read, and referred for publication.

Dr. E. Freeman read a paper on the Status of Medical Eclecticism. The thanks of the Society were tendered him on motion of Dr. D. E. Smith.

An essay by Dr. H. C. Gazlay was presented and referred to the appropriate committee.

Dr. Burdick offered a resolution instructing the board of directors to provide a supper at the next annual meeting. Adopted.

Dr. H. E. Firth offered a resolution, which was adopted, instructing the president of this society to correspond with presidents of sister State societies, with a view to the formation of a national society.

On motion of Dr. Hadley, the society resolved to meet the next year at Saratoga Springs.

Dr. H. S. Firth said that it was fitting that on all suitable occasions we should acknowledge the existence of the Supreme Being, and he moved a resolution that hereafter our sessions should be opened with prayer. Adopted.

Dr. Freeman offered resolutions approving the Eclectic Medical Review, and recommending that it be patronized by all eclectic physicians. Adopted.

The following physicians, now residents of the State, were granted the honorary diploma of the society, viz:

O. E. Newton, M. D. ..... Cincinnati, Ohio.
Paul W. Allen, M. D. ..... Taunton, Mass.
John Hughes Bennett, M. D. ..... Glasgow, Scotland.
Walter Burnham, M. D. ..... Lowell, Mass.
John M. Scudder, M. D. ..... Cincinnati, Ohio.

The following physicians were appointed committees to visit sister State societies at their next annual meetings:

Massachusetts .... Drs. D. E. Smith and Wm. W. Hadley.
Pennsylvania .... Drs. H. E. Firth and E. Freeman.
Vermont ..... Drs. Thos. F. Worrall and E. Whitney.
New Hampshire .. Drs. R. S. Newton and J. T. Burdick.
Ohio ..... Drs. H. S. Firth and James Pennoyer.
Connecticut ..... Drs. M. Hermance and R. H. Owen.
Canada ..... Drs. J. C. Hulbert and Charles Brown.
Delaware ..... Drs. S. Tuthill and B. J. Stow.

Committees to report at next annual meeting:

On Surgery.—Robert S. Newton, M. D., E. Freeman, M. D.

On Obstetrics.—H. E. Firth, M. D., O. Davis, M. D.

On Materia Medica.—Wm. W. Hadley, M. D., Josiah A. Martin, M. D.

On Theory and Practice.—D. E. Smith, M. D., L. Stanton, M. D.

On Chemistry and Pharmacy.—J. Milton Sanders, M. D., Thos. L. Harris, M. D.

On Eclectic Medical Literature.—H. S. Firth, M. D., A. B. Westcott, M. D.

National Eclectic Medical Association.—J. T. Burdick, M. D., B. J. Stow, M. D.

Committee of Arrangements for Annual Meeting.—R. Hamilton, M. D., Chas. K. Brown, M. D., Harmon Pease, M. D.

Committee United States Eclectic Pharmacopœia. — Paul W. Allen, M. D., Wm. W. Hadley, M. D., E. Freeman, M. D., O. Davis, M. D., Calvin S. Totman, M. D.

To deliver Annual Address.—Prof. Paul W. Allen.

The report of the treasurer for the year ending June 12, 1866, is as follows:

Moneys received	$104 00
Disbursed by direction of society	59 87
Remaining in treasury	$44 13

The society then adjourned to meet at Saratoga Springs, on the second Wednesday in June, 1867.

WM. W. HADLEY, M. D., *Secretary.*

ARTICLE XXV.

Read before the New York State Eclectic Medical Society, by B. J. Stow, M. D., Brooklyn.

Mr. President and Gentlemen:

Agreeably to your appointment, I would most respectfully submit the following remarks for your consideration, on the subject of "*Eclecticism versus so-called Eclecticism*," confining myself to the briefest statement possible and the most obvious view of the subject.

As eclectics, we have always claimed that we occupy a central position with regard to the various conflicting schools of medicine, selecting the good, so far as we may find it, from all, without unreservedly adopting the dogmas of either system; at the same time rejecting all that is pernicious in its influence on the human system. This has been the grand central idea which we have aimed to maintain, and for the most part, at least in theory, we have attained to it and carried it out in practice. Besides this idea, as a sort of sun medical around which all others revolve, we have entertained certain pet notions on pathology and the practice based on it, which, if not peculiarly our own, are ours by the law of hereditary descent, and we have the best right to them; for although not "Thomsonian" or "Botanic" we are, at least grandchildren of those schools. It was Thomson and his followers who first insisted, in these late days, that inflammation and fever are only efforts of nature to withstand the injury inflicted on her, which, instead of being thwarted, should be assisted; and they held that these are conditions wherein the vital force is depressed, requiring support and direction, rather than an excess of vital power, to be subverted or overcome in such a manner as to destroy the natural powers of the system. I say these have been the views of Eclectics. Whether they ever were adopted as a whole, or not, they have, at least, had an influence on the medical mind, or else medical men have been forced by the progress of physiology or observation of nature to approach this doctrine in their vie w The most scientific and practical men of the old school are beginning to adopt this idea of the case. For instance, fevers and inflammations in general, now they advocate should be "fed

through," instead of being "starved to death," as was formerly their doctrine.

The most violent inflammations of internal organs are now treated entirely without antiphlogistics. It is now as *un*common as before it was *common*, to use mercurials as antiphlogistics. The most recent authors now recommend—when they recommend at all—this agent with many cautions, and it would appear with mental reservations not before thought necessary. Indeed, in most cases where they were formerly relied on, antiphlogistics are abandoned as injurious. Even in syphilis, the highest authorities no longer look upon mercury as a specific. Since the recognition of the duality of venereal poison, and its distinction with a difference, into constitutional syphilis and a merely local affection, not producing any disease beyond the inguinal glands, the use of mercurials has been limited to the former. Even there it has not been recommended as a cure, but simply to make the hydra hide its head, like a snake in the ground, with the fang still there, ready to spring out at any moment.

I do not wish to lead you to suppose that I think for a moment we are entitled to the whole credit for this vast change from Eberle and Watson's system of blood-letting and calomel for almost every form of disease in the nosological table, from a simple cold to the worst forms of continued fever, to the limitation of these agencies of destruction to a comparatively few forms of disease, and in these cases not to the same murderous extent. For I know there are many laborers in the vineyard; the homœopathists have done their share in the working of the change, more especially reflectively, through public sentiment; but aside from these, those persistent observers of nature are entitled to a large share of credit for their manly rejection, from their own influential positions on the very thrones of old hunkerism himself to those men,—Louis, Deitle, Trosseau, Skoda, Bennett, Chambers, Gardiner and others, getting more numerous every day, who have made the natural history of disease a study, the world are much indebted for many lives not lost. The last named gentleman, in a clinical lecture delivered in the Glasgow Royal Infirmary, after referring to the skepticism he had passed through with regard to medicines, referred to them and his convictions regarding their value, in the following language:

"I shall never be afraid to tell you they are often given, even

by regular physicians, to the very great and serious injury of the sick. It is our great privilege in medicine, gentlemen, to be able to look one another in the face, and tell each other exactly what we think, without the danger of being brought to book before any conclave of authorities, or by means of any formula of opinions. We are not fettered by dogmas or bound down by confessions of faith, and therefore I can always speak to you freely and without reserve, not being in the least bound to appear to believe more than I do actually believe. This is our greatest and most precious privilege in the practice and teaching of medicine." (London Lancet, for April, 1866, N. Y. edition.)

It is for the prevalence of such sentiments as these, I take it, gentlemen of the Eclectic Medical Society of the State of New York, that you are laboring, and since light is breaking forth in the east, let us take courage. They are most heartily my own sentiments, and I trust we shall live to see them practically applied in our own land. This is a direct influence exerted on medical bigotry and intolerance.

Up to this time, the influences of Thomsonism, homœopathy, hydropathy and eclecticism over medical doctrines and practice have been of a reflex character, as the physiologist would call it. By the impression produced on public sentiment, reflected from this on the medical mind of the age, we have succeeded in exciting a convulsion in the body medical. We have, however, no longer to rely on this mode of action to affect the medical mind. The medical men of to-day recognize us as a power in the sphere of progressive medicine. They have made officinal our Podophyllin, and although introduced by "*so-called eclectics*," it is admitted to be a good medicine. Across the water they have dropped off the "*so-called*," and given us the credit of being, what we profess to be, eclectics.

It may not be out of place to inquire how far we are deserving of this title, "*so-called.*" To be candid, I think there are many of us who will have to plead guilty to this charge, at least practically, in a limited sense, or so far as it concerns our adoption or faithful examination of homœopathic doctrines and dilutions. Considered as a class, we have in some measure failed to use them extensively, as I understand it, however, not because we are prejudiced against and as having no good in them, but simply because we have been so much engaged and so well suited with certain vegetable productions as to, in a measure, overlook the value of

some other medicines that may be equally valuable for ought we know. The attention we have paid to them has led others to suppose we used nothing else; that "instead of selecting their (*our*) remedies from the three kingdoms—nay, like the true eclectic, taking the lightning from the heavens above, and mercury from the earth beneath, and iodine from the waters under the earth, make their (*our*) eclecticism to consist in the rejection of "poisonous minerals."

It is scarcely necessary for me to say that these persons are right, so far as the "*mercury from the earth beneath*" is concerned. But when such persons say we confine ourselves to either one, or other of the three kingdoms of nature, animal, vegetable, or mineral, in the selection of our remedies, or to the rejection of all minerals that may be classed as poisonous, they are wrong. In the very nature of things, we cannot adopt everything, and at the same time reject the bad. The word *eclectic* itself implies that some must be rejected, or otherwise there is no selection. Therefore we claim for ourselves, in this respect at least, we are *eclectic* in truth.

The misapprehension which exists so very generally on this subject may be accounted for as follows: In the absence of a national organization, which should have authoritatively laid down what the majority of eclectics conceive to be their principles, every individual has been regarded as representing the whole—some making it one thing, and some another; hence as some have had very poor conceptions of the meaning of the word even, it is not surprising that people outside, or professional men not well acquainted with the literature of the eclectic practice, should have erroneous views on the subject, and suppose even from the general tenor of the labels and pamphlets of individuals claiming to be eclectics, who stamp almost everything with the name vegetable, that all the medicines used by eclectics are from the vegetable kingdom. Besides, as we know, many, or I may say a large portion of eclectics were originally of the botanic school, and this again was a reason for dubbing us with the title of "*so-called*" eclectics.

Some may say, why should we care what we are called, so long as we understand ourselves? There comes the rub. We may as well be called one thing as another, or not be called at all, if there is no object above the one suggested in that query of understanding ourselves. But whilst I have no objection to any under-

standing among ourselves, it does seem to me advisable to be properly understood abroad, in and out of the profession. For we must recollect, that it is not by old school physicians alone we are so dubbed, but by homœopathists in their official documents as published in their proceedings in this State. We cannot afford to let it go further without rejoinder.

Since the old school portion of the profession have been *compelled*, by the real power and value of the agents introduced by us, to acknowledge the direct and growing influence of eclecticism, it would be well, it seems to me, for us to claim for ourselves the position of the regular and advance guard of progressive medicine, which we really are, or may be, spurning the "so-called," and all idea of a perfect system—taking the true ground of no bounds to progress, no bar nor proscription, no sacrifice of individual independence and development to associated intolerance, but onwards and upwards to the Alpine tops of rational eclecticism and a true medical science.

ARTICLE XXVI.

Spotted Fever. (Epidemic cerebro-spinal meningitis.) Read at the annual meeting of the Eclectic Medical Society of the State of New York, held June 14th and 15th, 1866, at Rochester. By L. STANTON, M. D., Copenhagen, N. Y.

The disease known as "spotted fever" is very deceptive and appears in many forms. Persons unacquainted with it, on its approach seem struck with wonder and amazement at the great prostration which accompanies it, and at the rapidity with which their friends are stricken down from apparent health. Their amazement and alarm would be heightened, if they knew the conflicting opinions of physicians, their confessed ignorance, and the actual inexplicableness of the disease.

An opinion prevails among medical men, that this disease is an inflammation of the spinal column. But the fatality attending the treatment of those entertaining this view of the subject is conclusive evidence of a mistake.

This disease was formerly called, and very appropriately, the "cold plague," because that when attacked by it, an apparently well person would become cold like a corpse, and be seized with cramps and spasms, particularly of the feet and extremities.

One author writes in reference to the plague, that "those who were exposed to vicissitudes of heat and cold were noticed to be more particularly attacked with it," and that "terror and anxiety, filth and defective nutriment, fatigue and hurry, anger and intemperance of every description, have acted as predisposing and irritating causes." This disease, whatever form it may assume or name be given it, is caused by colds, producing a phlegmatic state of the system, obstructions, and thickened, gluey or tenacious secretions. Phlegm is morbid matter; morbid matter is dead matter, and is accordingly antagonistic to life—to vitality.

The constitution and temperament of some persons are such that the chemical changes and tendency to putrescency is very great and rapid. No person in perfect health is attacked with this disease, except from exposure and overdoing. The inflammation of the spinal column which is found on dissection, is not the disease primarily, but the sequence of the congestion, cramps, spasms, etc., affecting the brain, medulla oblongata and spinal column. In a majority of cases, the poison or virus and obstructions have been accumulating in the system for a considerable time previous to the

attack. The liver secretes vitiated bile. In those violent attacks the blood hastens to the vital organs to sustain life. It may be congestion of the lungs, or an apoplectic condition of heart or brain; consequently severe chills, tremblings, cramps and spasms of the extremities come on for want of warmth and blood, for "the life is in the blood," and where there is no blood or circulation life is speedily extinguished.

The disease called "spotted fever," which prevailed so fatally at Carthage, Jefferson county, and vicinity, in the winter and spring of 1865, was a complication of malignant scarlatina, congestive fever and diphtheria. In many cases this complication was marked; congestion of the lungs or diphtheria were fully developed, with scarlatina rash and red spots, from the size of a pea to half that of a man's hand, over the entire body and limbs, irregular in form and mainly distinct. Some presented the perfect scarlet rash; others, an eruption like measles; and yet others, an eruption like malignant erysipelas. These eruptions and other symptoms corroborate my views of a noxious virus in the system. The old-school practitioners have repeatedly told us that this complaint was produced by "atmospheric influence;" but how, or in what manner, they do not explain. The eruptions do not appear, unless the patient is rallying and reaction taking place.

The first symptoms usually are heaviness, lassitude, pain in the head and back of the neck, and at the base of the brain, chills, deathly coldness of the feet and limbs. Sometimes dark spots and discolorations are visible at the outset; the condition of the patient not unfrequently prognostcating death. Isolated cases have come under my observation for the past twenty years, when the disease was not yet prevailing epidemically. Dark spots like bruises would appear on the body and limbs, and, in some cases, in twelve or twenty-four hours the attack would terminate in apoplexy and death.

The means of cure should always be ready, and every family almost may keep on hand the proper remedy. The patient should not be bled or blistered at all; nor should he take physic during the first stages. Some apply a blistering lotion from the neck down the whole length of the spine as wide as the hand. How many children in health thus treated would not have spasms or convulsions? Very few; and we say it without fear of contradiction. Numerous instances of fatal convulsions have been produced where the patients had not been burnt or blistered one-third the

extent last mentioned. If the disease is inflammation of the spinal column, how are we to believe that the effect of a blister over it will check the inflammation, "when the blister is one inflammation superadded to the other?"

The first thing to be done is to bathe the feet and limbs or extremities; also the throat, if affected, with the tincture of capsicum prepared by using one pound to the gallon of 95 per cent alcohol, well digested and filtered. Next we should administer hot or vapor bath, or apply hot cloths wrung out of the water as hot as can be borne. This will produce energetic and permanent stimulation, and all the counter-irritation required without blistering better than any article or preparation known to medical science. We should stimulate and produce perspiration as soon as possible, by giving capsicum tea, spirits (hot sling), and a tea of hemlock twigs prepared by infusing in water, or a decoction of white root (Asclepias tuberosa). Also administer hot foot baths either of the same, or of water; and even apply the vapor or steam of hemlock, or burning alcohol to warm the patient and procure perspiration. Wash the head with fever drops (tincture solidago serotina), diluted with water; also give with the teas small doses of lobelia to assist in equalizing the circulation. As the vital action returns, administer lobelia in quantity sufficient to induce vomiting a few times; and in case it cannot be procured in time, use cypripedium, ipecac, or eupatorium perfoliatum; but in no case give any preparation of antimony. The stomach will throw off phlegm, mucus, and green bile, resembling in appearance grass juice or frog's slime. This proceeds from the liver, and is so deadly in character that it would, of itself, destroy life in many cases unless removed. Some constitutions will, with proper stimulus and sweating, resist this poison until it can be safely removed with a mild cathartic. But always keep up vigorous action of the capillaries and cutaneous system until the patient is safe. If the attack is ushered in with vomiting, purging, or great prostration, emetics are not admissible, but stimulants must be used, and tonics, as tincture of iron, hydrastine, and quinine. When reaction occurs, if the form of scarlatina is assumed, with heat, intense thirst, and rapid pulse, give tepid sponge baths, packing with wet sheet, and nervines—as extract of cypripedium and valerian, Dover's powders, and mucilage of elm, flax-seed, or primrose. The poisonous bile and virus are the cause of the great thirst, and through the medium of the pneumogastric nerve, the medulla oblongata, or

base of the brain, through sympathy and in connection with congestion and spasms, is soon seriously, if not fatally, affected. Hence the mistaken idea of epidemic cerebro-spinal meningitis, or inflammation of the spinal column; a fatal mistake—prescribing for symptoms and effects instead of for the actual cause. Any treatment, to be successful, must prevent the effusion of the serum, or cause its absorption, previous to fatal compression of the nervous centres.

The gelsemin and twinleaf are valuable therapeutic agents of marked use in the successful management of inflammation. They arrest the exudation from the serous membranes. The patient must be supported with nutritious diet—as essence of beef, mutton, fowl, coffee, sugar, and cream. If the bowels are constipated, give enemas; and, if they will bear it, plenty of hot corn meal gruel; mild physic, if necessary.

The treatment must be prompt, energetic, and resolute. Diphtheria, putrid sore throat, black tongue, and malignant erysipelas, all appear to require the same—varying it, of course, in minutiæ to meet the special requirements of the disease.

ARTICLE XXVII.

Eclecticism. Address read before the Eclectic Medical Society of the State of New York, at Rochester, June 15th, 1865. By Wm. W. Hadley, M. D.

What is known as the eclectic system of medicine, is at the present time but little understood by the generality of people; nor are its principles, to any great extent comprehended by the members at large of the medical profession. Many of them have an indifferent idea that it is something of a "Botanic" or "Thomsonian" character, and instead of investigating its merits or its claims to the notice of the scientific part of the community, they coolly pass it by without a recognition, or only refer to it to express for it their supreme and unmitigated contempt.

I purpose to demonstrate something of its superiority in the treatment of disease; the necessity which exists for its general introduction throughout the world, in view of the mode which has been heretofore mostly in use, and which has, in its effects, proved so disastrous to mankind; the progress it has already made and the great success that has attended its practice, and the favor that has been accorded it by an intelligent public, wherever its employment has been in the hands of competent practitioners.

It has been obvious to all intelligent men, for a length of time so long that the memory of man runneth not to the contrary, that what has been termed the science of medicine is but a heterogenous mass of diverse opinions, given as rules of practice by those who are considered at the head of the profession, and their directions are often so entirely opposed to each other, that what one recommends another prohibits; and the seeker for knowledge is soon so lost in a chaotic maze of discordant opinions, that it requires all his genius to extricate himself from the labyrinthine confusion. None are better aware of this state of facts than physicians themselves; none know the necessity of improvement, the want of more enlightenment, and a better and more rational practice than they. But pride of character, the dignity of the profession, and their unwillingness to acknowledge their ignorance of anything worth knowing in medicine, prevents them from seeking information from many sources whence their knowledge of disease and its treatment might be greatly increased.

Tnat these statements may not seem to be based upon my simple *ipse dixit*, I will refer to testimony that will not be contradicted by any old-school physician, and the evidence is of such a character that the public will at once see the imperative necessity that exists for a less dangerous trifling with human life and health than is here exhibited, according to the opinions of some of the most eminent in the profession.

Dr. Rush says: "Our want of success is owing to the following ing causes: 1st, our ignorance of the disease; 2d, our ignorance of a suitable remedy." Dr. Thatcher, author of the Dispensatory, says: "The combined stock of ancient and modern learning is greatly insufficient to perfect our science; it is fraught with deficiencies, and is altogether inadequate to our desires." Dr. Stokes says: "Oh, that men would stoop to learn, or, at least, cease to destroy." Dr. McNair, of Philadelphia, says: "I have employed the treatment recommended in the books and used indiscriminately by medical men during forty years, and found them altogether useless, not only in my hands, but in the hands of others, some of whom stand at the head of the science." Dr. Morrison says: "The whole nation is groaning under the present practice of the medical profession, which fosters disease more than it cures it and debases or ruins our constitutions." Dr. Gregory says: "An obstinate adherence to an unsuccessful method of treating disease is self-conceit; it generally proceeds from ignorance; it is a species of pride to which the lives of thousands have been sacrificed." Dr. Reid says: "If the employment of the lancet were abolished altogether, it would perhaps save annually more lives than in any one year the sword has ever destroyed." Prof. Bigelow says: "I have but little confidence in the fashionable practice of medicine." Dr. Abercrombie says: "We own our system defective and the action of our remedies in the highest degree uncertain." Dr. Mason Good says: "The science of medicine is a barbarous jargon, and the effects of our medicines have already destroyed more lives than famine, pestilence and the sword." Professor Henderson, of the Edinburgh University, Scotland, says: "Eighty or ninety per cent. of those who employ medical practitioners would be better off without them." Dr. Rush again says: "We have assisted in multiplying diseases; we have done more, we have increased their mortality." Further evidence would be unnecessary, although abounding in the most popular medical works. No better testimony is required

of the need of improvement than is here given by some of the most learned and eminent in the profession, and the people were well aware of it without this confirmation. American eclectics have been engaged in trying to supplant this practice by one more certain, more safe and scientific. Free in thought and action, guided by vigorous research and thorough investigation into the nature and cause of disease, they have depended not upon the opinions of others, if their directions, when followed, failed to cure, but have sought out means and measures which, though harmless to the constitution, were effectual in removing disease and the restoration of health. They repudiate the use of calomel because it is unsafe and unreliable. It cannot be depended upon to produce the effect for which it is given. No physician, however learned he may be, can say what will be the result of its administration. It may produce an action on the liver; it may produce ptyalism, or mercurial ulcers difficult to heal; it may produce death. It is unsafe in any event; hence its use should be entirely discontinued, and the more especially as we have numerous reliable agents that are safe, capable of fulfilling all the desirable indications expected from mercury, and more, and liable to none of its dangerous consequences.

We are opposed to the internal use of antimony. It is a poison of the most active character; its action is uncontrollable and pernicious, yet it is given to every age and sex; and the results may be seen by examining the records of the undertakers and cemetery keepers throughout the length and breadth of the land.

Blood-letting has destroyed its tens of thousands annually; popular opinion, enlightened by Eclecticism, has frowned upon it and driven it nearly out of use. It is still adhered to by benighted votaries in certain benighted districts, but its day has passed, and it will soon be remembered only as a strange hallucination of its devotees.

The human system is like a delicate, complicated piece of beautiful, well regulated machinery, calculated, in a state of perfection, to perform its varied operations with a precision and regularity not surpassed by any known mechanism. It is liable to become disarranged, obstructed in the actual performance of its functions; and then, instead of creating greater disturbance, instead of resorting to measures which would produce greater hindrances, which would retard or destroy any portion of the organism; how much better to use only those agents which would clear

out whatever was in the way of its harmonious action, and leave it in its pristine condition, unimpaired.

It is not philosophy, it is not science, it is not morality, it is not common sense to use agents that aggravate an already diseased and irritated constitution, instead of those that relieve and quiet; nor to employ measures that endanger and destroy life, instead of those that conserve and save it.

When we take in review the statements made by the most eminent physicians, that, in effect, the practice of medicine, as it has been practiced heretofore, is a curse instead of a blessing, that it has "destroyed more than famine, pestilence or the sword," that "80 or 90 per cent of those who employ physicians are better off without them;" that their practice "fosters disease more than it cures it;" that it "debases and ruins the constitution;" when we see the evidences ourselves in the devastations produced, and the wrecks of our fellow beings around us, and the awful mortality that attends their dangerous practice, no one will for a moment question the imminent necessity that exists for the abandonment of such a base treatment of mankind under the pretext of trying to benefit them, and the substitution of a mode at once more rational, scientific and humane.

Eclectics have introduced the method of arresting diseases by the removing of their causes, instead of setting in operation a new disease to supplant the original one. For instance, in febrile diseases, they employ remedies to restrain the action of the heart and arteries, and remove the obstructions that cause derangement and excitement in the circulation, instead of dosing the suffering patient with hydrargyrum or antimonials to produce salivation, or painful and difficultly controlled emesis—disordering the various functions of the body, and producing a prostration from which the patient cannot recover in weeks of anguish, even if life is spared; and not unfrequently producing such effects as anchylosed joints or mercurial rheumatism, not to mention many others—consequences which will follow him to the grave.

What are we to think of a plan of treatment where in cases of pneumonia, in the most celebrated hospitals of Europe, attended by the most eminent physicians, and having, of course, the most scientific old school treatment, the mortality is one in three—one out of every three admitted dying of the remedies, for certainly the disease cannot kill that proportion of them; for in the same

hospitals, by giving them only good food, water, and air, only one in eleven dies! And by giving them stimulants, with wine, quinine, &c., only one in twenty dies. Which of these do we regard as scientific?

But we need follow this matter no farther. The eyes of the people are beginning to see; intelligence is driving this code of errors from among us; and they are calling everywhere for well-qualified eclectics to settle among them and save them from the ruinous effects of the scourges to which they have heretofore been obliged to submit.

In its early days eclecticism was feeble, and but little known; its votaries were traduced, slandered, debarred the privileges of social fellowship, and all efforts made to bring them and the system they embraced into contumely and contempt. They were, to be sure, few in numbers, but they "despised not the day of small things;" they were seekers after truth, and "truth is mighty and will prevail;" "if crushed to earth, 'twill rise again, for the eternal years of God are hers," and we can congratulate each other today that she has risen—that she has prevailed; and now the ranks of eclectic physicians can be enumerated by thousands, and they are constantly increasing in numbers and influence; and the time will soon come when eclecticism will be universally known, and will become the predominent and prevailing practice throughout the world. From the very nature of things, it must be so; for it seeks facts, and when found adheres to them; it embraces all that is useful and good in the treatment of disease; it labors untiringly to develop new principles; to uncover hidden truths; to seek, in all directions, for agencies that will most speedily relieve the system from disease without destroying its vigor or endangering its vitality. It expects to meet with opposition. What genuine reform has ever escaped it? How were Harvey and Jenner persecuted? What maledictions and bulls were hurled at the devoted head of Martin Luther? How were Galileo and Newton forbidden to promulgate their discoveries? How was the Saviour of mankind persecuted, betrayed, and slain? It is the result of ignorance that these things are so. When the people become sufficiently enlightened; when their minds become capable of examining and weighing principles, truths will become familiar to them, and then eclecticism will be understood, and become the prevailing system of medicine, to the utter confusion and overthrow of all systems that have preceded it. It seeks not to destroy all that

has heretofore been known in what has been termed the science of medicine; but it endeavors to purify it, to eliminate from it all its false positions and wrong principles, to purge from it all its errors, to test it in the crucible of actual experiment, and separate from its dross the pure elements of actual science. To accomplish this requires energy, perseverance, and intellectual culture.

A man falling accidentally upon the truths discovered and proved by another, and following the rules laid down by him, might succeed, to some extent, in curing diseases not very complicated in their character by the use of these harmless and inoffensive remedies; but if a disease should put on another phase, or become complicated with other difficulties, he might be lost in the fog of his ignorance, and the sufferer die from his want of knowledge of the suitable remedy.

It becomes us, then, to be diligent in our studies and investigations; to raise up institutions where students can be thoroughly and comprehensively taught not only the theory but the practice of medicine, where they may be properly imbued with the true philosophy of medical science; not only that they may be entirely competent to treat any variety of disease upon the safest and most approved principles, but also that they may have an enlarged view of the whole system to which they are devoting their lives and their abilities, and be able at all times to give a reason for the hope that is within them, and to defend it against the attacks of all querulous fault-finders and unbelievers. It is not to be denied that there are among those whom we term the old school, men of culture and varied scientific attainments, men who have had, and do still have, to a great extent, the confidence of the community. There are those of them who are industrious and diligent men in the profession; they stand high in social life, and were it not that they have been wrongly taught; that the medicines they use have a pernicious and dangerous effect upon those to whom they are administered; were it not that the results of their practice were so alarmingly fatal, having a percentage of mortality seriously greater than no treatment whatever; it would not be difficult to get any one to investigate our claims to attention, and to succeed in our efforts to supplant them in the regards and affections of the people. But in view of the condition of the matter as it exists, we are certainly gaining the public confidence. Our success in the treatment of the most grave and formidable diseases as contrasted with theirs, as shown by the most reliable

statistics and reports, is attracting the attention of the thoughtful and intelligent wherever they are known. Even physicians are earnestly making inquiries in regard to our remedies, many of them are using them, and, I am sorry to say, without giving us credit for their discovery and introduction into practice. Even Mr. Squibb, of Brooklyn, a manufacturing chemist, and one of the committee for the revision of the U. S. Pharmacopœia, gives but a grudging nctice, and speaks of some of them as being claimed by the *so-called* eclectics; and many of them in various ways seek to depreciate the value of our labors.

But, gentlemen of the society, we need be in no wise discouraged; we have overcome greater difficulties than that; we shall overcome this, and succeed in establishing our practice in the favor of the world; we shall certainly reap if we faint not, and our system will become the popular and prevailing practice of the day if we shall deserve it, for it is based upon the immutable principles of truthful science, and it must supersede all the fallacious and incongruous systems that have heretofore claimed the attention and deceived the hopes of mankind.

ARTICLE XXVIII.

Status of Eclectic Medicine—Mercury, Antimony, Lead and Arsenic as Permanent Irritating Causes of Disease. By EDWIN FREEMAN, M. D., Professor of Anatomy in the Eclectic Medical College of New York.

A year has passed since the Eclectic physicians of this State assembled in convention. It has carried with it, on its resistless wave, the events of a period of life of each one of us, our joys and sorrows, our hopes and fears, and our ambitions and regrets. To-day we meet to consider the past, the present, but more especially the future, and to evolve a plan of action that will be for the best interest of the cause with which we are identified. We meet together also for good cheer; that contact with each other's minds may freshen and sharpen us up for the conflict with the realities of life, and to gather from the full storehouse of each one's experience, facts and suggestions which will be to us a strong weapon in assaulting our common enemy, disease, and will cheat death out of many victims for his ravenous maw. We gather our laurels from the afflictions of humanity, but they are such as should be unfading.

Let us take a glance into the history of medicine, and see what were the circumstances under which, through all the long centuries, medical science was developed and has attained to its present condition. In the days of Chiron the centaur, and more especially of Æsculapius, his reputed pupil, who attained a higher degree of eminence, remedies were few and mostly of the vegetable class. Careful observation was made of symptoms of disease, however, and record kept, with the means used for recovery, in the numerous temples dedicated to the latter personage. For a long time nothing new was discovered, and nothing done, except to use those records, until the time of Hippocrates. He was learned in all the medical lore of the age, and although his theories were in the main false—having false premises—yet he recognized *nature* as the governing principle, and based his practice upon the observation of facts. His practice has been termed a "rational empiricism—where we first ascertain the facts and afterwards reason upon the consequences." Still later, in the school of Alexandria, under the Ptolemies, the anatomy of the human body was taught by Exicistratus and Herophylus, that city being the only place

where dissections of the human body—those of criminals—were tolerated. The two schools of the empirics and dogmatists now began to have the sway, taking opposite grounds and having able and distinguished advocates of their respective doctrines. It was the doctrine of the empirics, that the perfect rule of practice is derived from a due combination of reason and experience. The methodics, founded by Themison, took a middle course between those extreme doctrines of empiricism and dogmatism, and demanded acquaintance with the human body in health and disease. After this time they divided into the pneumatics and eclectics and episynthetics. I may say, in passing, that we, American eclectics of the present day, do not claim any affinity with the eclectics of that period, either by hereditary descent or identity of principles, excepting what the name may seem to indicate. Passing over Celsus and Pliny, we come to Galen, who shines as a distinguished light, and whose arrangement of diseases according to their symptoms is followed in a great many instances at the present day. He studied in all the schools, and took from each what he conceived to be the most important parts of their systems. The chemical physicians succeeded him, among whom was Paracelsus, who claimed to cure all diseases by his *elixir vitæ*. He is most noted for introducing a number of chemical agents into practice, among which mercury, called *quacksalver*, stands preeminent. That agent afterwards attained a great notoriety, and in the days of modern medicine has been used as a heroic remedy in almost all diseases, both in those in which there is great vital activity, and in those in which the vital force is at its lowest ebb. It was the *elixir vitæ* for all the ailments to which mortals are heir, and was used to cloak the grossest ignorance and quackery. If the disease was somewhat obscure, a dose of mercury would be given to develop it. If it was well known, and yet not known what was best to give, calomel was always at hand and freely used, whether with discrimination or not, and often nature had to struggle with the accumulating burdens of disease and mercury, until, no wonder that she so frequently succumbed under such treatment. But more on this subject anon.

As we approach the last century, Sydenham, of England, and Boerhave, of the Continent, attract our attention. They both selected their doctrines from all the schools, and devoted their attention to the study of disease and to its teachings with great assiduity. The study of anatomy had been prosecuted with a good

deal of vigor, and in the true spirit of inquiry; but physiology, as a science, was still imperfect. The true method of the circulation of the blood was still to be discovered—it not being known that venous and arterial circulation communicated through the heart and capillaries. Their pathology was, therefore, inaccurate; and disease was often less hurtful to the sufferers than the treatment adopted for its cure. Such was the confidence in the truth and infallibility of their theories, by the different advocates of them, that, when Harvey expounded to them the true doctrine of the circulation, he was denounced as an innovator and persecuted with all the relentless hate and malignancy for which medical Hunkerism of the present day is so much distinguished; but the truths he taught survived all their intolerant persecution, and are now universally recognized, and all physiological and pathological science is based upon them. His was the spirit of eclecticism; and when his investigations led him to see the light, it was never afterwards lost sight of.

The true use of the facts and researches in all the departments of medical science is to develop a system of practice, by which the greatest good may result in the cure of disease—restoring the body to its normal healthy condition. The so-called heroic remedies—venesection, calomel, antimony, lead, arsenic, &c., especially the first two have been used in all conditions, and under all circumstances, in the highest grades of inflammatory fever, as well as the lowest of typhus, and the alarming stages of cholera. Indeed, there is scarcely an exception in the whole list, from the simplest form of cutaneous eruption to the gravest form of pneumonia or yellow fever. Their leading object seemed to be, in the the language of Prof. T. V. Morrow: "Not fidelity to the public, not fidelity to their patients, but fidelity to the profession; all other sins may be winked at—mal-practice little less culpable than homicide may be winked at; negligence of duties to the patient; negligence in studying his symptoms; negligence in studying or using new remedies or new discoveries, which are annually brought forward, may be overlooked; but infidelity to the interest of the orthodox profession can never be excused."

In our own republican America, their leaders endeavored to put the curb and bit in the mouth of every medical man, and train him to conform to the orthodoxy of the Continental schools. But there were noble men of intellect and expanded views, who would not be thus bridled and saddled—who saw and felt the curse of

the calomel and bleeding practice, and would not be bound to it. They exercised and employed the right of exercising independent judgment and action, grounded on reason and experience, in the use of any agent that they knew would result in saving the lives of their patients. Medical schools were established called by various names, all under the general name of reform, and in A. D. 1845, one of them, in Ohio, obtained from the Legislature of that State, in spite of the strongest opposition of the allopathic school, a perpetual charter for a college, to be called the Eclectic Medical Institute, located in Cincinnati, which conferred upon it all the powers and privileges possessed by any medical college in the United States. They assumed the name of Eclectic, because it was a comprehensive term.

The human body, according to Prof. C. G. Lehmann, M. D., is found, by analysis, to contain two great classes of constituents—*organic* or *vegetable* and *inorganic* or *mineral*. Of the former there are the non-nitrogenized acids, as volatile fat acids, fixed fat acids, succinic acid group, oily fat acids, benzoic acid group, lactic acid group, conjugate acids, the nitrogenized basic and neutral bodies, nitrogenized paired acids, the non-nitrogenized bases or haloid bases, the lipoids, the non-nitrogenized neutral bodies or carbo-hydrates and animal coloring matter. Also histogenetic substances, of which there are the protein bodies, as albumen, fibrin, syntonine, or musculin, casein, globulin, hemato-crystallin; and proximate derivations of the protein bodies, as glutein yielding substance, chondrin yielding substance, and substance of the elastic tissue, elasticin. Of the second great class (inorganic) there are, 1st. Those which subserve principally mechanical purposes in the organism. They are stored away in the solid tissues, which owe to them, at least in part, their solidity and capability of resistance. They are phosphate of lime, carbonate of lime, phosphate of magnesia, fluoride of calcium and silicic acid. 2d. Those which participate actively in the metamorphoses of tissue. They thus operate chemically, and in this way affect many functions necessary to life. They are hydrochloric acid, chloride of sodium, carbonate of soda, phosphates of the alkalies, iron, water. 3d. Those which have either accidentally entered the organism, or, resulting from the metamorphoses which occur in the living body, are only to be regarded as excretory products. They are, sulphates of the alkalies, carbonate of magnesia, manganese, arsenic, copper, lead, salts of ammonia, sulpho-cyanide of sodium. Of

the mineral substances of the body, therefore, the largest proportion are used in building up and consolidating the structures and affecting in various ways the functions of life. The others, excepting manganese, arsenic, lead and copper, occur as accidental products of the metamorphoses of tissue, to be excreted as soon as possible. Manganese exists only in very small quantities, and probably gets in with the iron, with which it is so much associated; and arsenic, lead and copper are foreign substances, only existing in the body when introduced accidentally with the food or otherwise, and thrown off by the liver when they come within the range of its excretory influence, while mercury and antimony do not occur at all. When they are not excreted, they remain as local irritating agents wherever deposited, producing more or less general disturbance, according as the quantity is great or small. How great, then, is the irritating effect when introduced through the heroic doses given, as is very commonly done, by the allopathic physicians of the present day? Of those foreign and accidental mineral substances, there are four—mercury, antimony, lead and arsenic—which have been and are in most extensive use as medicines among the old school physicians, the deleterious effects of which on the human system, we will endeavor to show, are such as warrant us in discarding them from the list of medicinal agents. And we are especially warranted in so doing, since there are agents in common use by us that accomplish all the curative results that are expected from them. The local effects, primary and secondary, of mercury, as in salivation, loosening of teeth, swollen tongue, ulceration of cheeks and of the bones and swelling of the bones, together with rheumatism, neuralgia, etc., are so common and well known, that they only need enumerating to call attention to them. So much has been written on the injurious and deadly effects of the drug, by *those who uphold its use*, that no further experiments need be tried, to furnish proof of the truthfulness and honesty with we carry on this crusade against it, *but by their own words we will condemn them.* Is its use being abolished? By a few of the most liberal among the allopathic ranks it is being laid aside, quietly, without speaking a word against it, for fear of proscription; but the great majority of them pretend that they can see no good beyond it. The people will not have it, if they can help it, for they are the sufferers by its use. But in severe sickness they are deceived by the assertion that they cannot get well without it. They know well enough the deadly

effects of mercury, sometimes destroying in a short time the features of the lovely, robbing them of those pearly ornaments of the mouth, and, under the plea of curing them, drugging their systems with an agent that forever makes them walking barometers, the frail tenement of a constantly complaining spirit, whose earnest longing is to be delivered from its body, that it may go to its resting-place.

Of the different preparations of mercury, the (hydrargyri chloridum mite, U. S.), or hydrargyri proto-chloridum, commonly known as calomel, is deemed the least noxious and most safe to use; and is consequently prescribed without limit, and sometimes in enormous doses, in cases where there is any actual or even seeming derangement of the liver, and as an alterative in many other cases. The bichloride of mercury (hydrargyri bichloridum or corrosivum), corrosive sublimate, is a virulent and caustic poison—dangerous to administer in doses larger than one-fourth of a grain, from its irritating and caustic properties. It is liable to be produced in the system from the protochloride by the union of that agent with one equivalent of chlorine in the stomach, taken from the hydrochloric acid, chloride of sodium, chloride of ammonia, calcium or magnesium, all of which, according to Lehmann, exist there. That this conversion can take place thus, is proven by the experiments of M. Maihle and others. He gives, as the conclusions that resulted from his experiments, that—

1st. "The protochloride of mercury, in presence of hydrychlorate of ammonia, or of the chlorides of sodium and potassium, and of pure distilled water, is changed partly into deutochloride of mercury, and into metallic mercury. This change takes place at the temperature of the human body, and even at common temperatures, and demands but a few moments' contact to be effective. * *

2d. "It is to the change of calomel into corrosive sublimate and metallic mercury, under the influence of sea-salt, and the salts of ammonia, which we know to exist in the liquids of the alimentary canal, that we must attribute the pathological phenomena of mercurial salivations from the administration of calomel. * *

3d. As the quantity of corrosive sublimate formed can be only in proportion to the amount of alkaline chlorides which are contained in the viscera, those persons who eat large quantities of common salt, everything else being equal, should be more susceptible than others when under a mercurial course of medicine."

It is from this, evident, that we are never able to determine

what amount of chlorine is liable to be set free in the stomach, or in the rest of the alimentary canal. Thus, when large doses of calomel are given, sufficient corrosive sublimate may be produced for a fatally poisonous effect upon the patient—and many such cases are reported—or a less corrosive effect; the caustic acting by virtue of its affinity for albumen, fibrin, and other constituents of the tissues. No wonder, then, that cases of the violent action of this agent are numerous enough to fill volumes with records of ulcerations of the mouth, gums, cheeks, throat and stomach, and all their concurrent and subsequent suffering. The metallic mercury produced by the conversion in the system, lodges in the tissues of the difierent organs, and may be the nuclei for tubercles in the lungs, as proved by the experiments of Moulin; or they may act as a mechanical irritant, each globule being a centre of irritation in the lungs, liver, brain, or any of the viscera: in the fibrous tissues producing the severest forms of rheumatism; and, in the bones, producing sub-acute inflammation of those dense structures, which may result in ulceration and finally in the death of the bone. Calomel destroys the coagulability of the blood, and its power of nourishing and building up the tissues; yet, in spite of this and the great array of harmful effects, it is given to the infant of a few months, and to the aged of forescore, whose vitality is fast waning away, and who but lingers on this side of the grave. It should not be allowed a place in our Materia Medica. Dr. Hammond, when surgeon-general of the army, perceived the baneful effects resulting from its use in the army, and, by his celebrated circular, No. 6, ordered calomel and antimony to be expunged from the supply-table.

Podophyllin, the pure medicinal principal of the Podophyllum peltatum, first discovered and introduced into practice by the eclectics, is eminently valuable for its cathartic and cholagogue as well as alterative properties, and has no qualities to render it objectionable, like those of calomel. It is used with the most marked success in all cases where those effects are desired—in all the bilious and periodic fevers, as well as continued fevers of the country. It has been used so long, and is so well known by eclectics, to the utter exclusion of mercurials, that it is preposterous to say that it is inefficient. It is reliable, and is being adopted into the practice of many of the liberal-minded of other branches of the profession. It is used extensively, in combination with other articles, according to the effect desired to be produced.

Antimony, in the form of the potassio-tartrate, or tartar emetic, has been, in connection with venesection, the almost exclusive means of treatment in pneumonia and bronchial inflammations. It has entered into composition with other agents in the treatment of a great variety of other diseases, whenever it was necessary to produce a free action from the mucous surface of the stomach and bowels, or bronchial tubes, diaphoresis, emesis, or to reduce the volume and force of the circulation. It consequently has been given in great quantities, in varied doses, from the $\frac{1}{12}$ of a gr. to many drachms in 24 hours, and many ounces in the course of the disease, as described by Rason. It has sometimes occasioned death. "In one case a scruple, in another 27 grains, nearly caused death. In a third, 40 grains caused death."—*Orfila, Toxicology Gen.* "The symptoms in the latter case, were vomiting, hypercatharsis, convulsions, epigastric pain, tumefaction and delirium. Death occurred four days after the ingestion of the poison."—*Pareira.* But when such serious results do not follow, the admission of such large quantities of such a deleterious agent into the system is to be highly deprecated, from the remote effects produced upon the organism, which, though not so readily recognized and traced to their source as those of mercury, are nevertheless almost as baneful.

In a paper presented to the Academy of Sciences, translated from the French, "On the Permanent Retention of Antimony in the Living Organs," the author speaks of the passage of antimony through the system, when given in the form of an emetic, and its permanent retention in the different organs. He says, "We have every day reports of cases of poisoning, of protracted duration: with equal care should we chronicle the facts which tend to demonstrate that a very minute quantity of any metallic substance which, once introduced into the tissues, remains permanently there, and may be transmitted, as we shall see, from the female to its young." He gives a resumé of experiments made on six dogs, fed with the tartar emetic, so mixed with their food that they got daily a few grains of it. They were kept up and fed in such a manner that they could bear a long confinement. In those dogs which died during the first week of the experiment, the antimony was found in the liver, heart, muscles, the coats of the intestines, and the lungs; the brain, bones, and fat were entirely free from any trace of it. At the end of fifteen, twenty, and twenty-five days, the amount of the metal in each organ was found to be the same. In the liver,

there was about six times as much as in the same quantity of the other tissues. Other experiments were made with six dogs, treated in the same manner, and kept up many months after the use of the antimony. Four of the dogs recovered by degrees their proper healthy condition. The other two became greatly emaciated, and died within a few days of each other. The liver of the first dog was friable, and remarkable for its size, being in the ratio to the body of one to twelve, the usual ratio is one to twenty-four—forty. Antimony was found in the liver, muscular flesh, coats of the intestines, lungs, brain—all seemed filled with it. The second dog, during the last few days, was afflicted with a continual nervous tremor; the hinder legs were affected in a similar manner. They would all of a sudden give way, and his progress would be instantly arrested. After death, antimony was found in a larger proportion in the brain than in any other organ. Of the other four, one got away. The second, after six weeks, died from accident; and the metal was found mostly in the liver and fat, and particularly in the bones. The third dog, killed three and a half months after taking the antimony, it was found in liver, bones, and other tissues; but much the largest quantity in the fat. The fourth dog, killed after four months' trial, the metal was found accumulated in the liver and bones.

These experiments may be of immense value in furnishing the key to the cause of a great many ailments, both of nerves, liver, and other organs, of a chronic character, whose persistence seems often to baffle the well-directed efforts of the most skillful medical men. Harmful and dangerous as this agent is, it is still used in great quantities, notwithstanding we have Veratrum viride to control the circulation, Lobelia, Ipecac, Sanguinaria to produce emesis, and vegetable agents to operate in the required manner on the alimentary canal.

Lead is another agent highly objectionable, on account of its tendency to irritate and impair the integrity of the nervous tissues, and seriously hinder the natural functions dependent on them. It is usually administered in the form of an acetate, as an astringent, hæmostatic, but it is very liable to be converted into a *carbonate*, and in either form may produce unlooked-for complications. Lead discolorations of teeth and mucous membrane of mouth, lead taste, breath, and odor, lead jaundice and lead emaciation are the primitive effects of the absorption of that metal. Graver and more dangerous consequences are lead colic, lead arthralgia, lead par-

alysis, which may come on after one or more attacks of lead colic, soon or a long time after its introduction into the system; and lead encephalopathy, including the delirious forms, comatose forms, convulsive forms, and delirious and convulsive forms. An analysis of an encephalopathic subject, by Devergie, shows that there was found in the stomach, 0.030 grammes; lungs, traces only; kidneys, eight ounces and one drachm, there were 0.002 of a gramme. Gall-bladder, and bile, 0.004 of a gramme. Urinary bladder, 0.005 of a gramme; muscle one pound, there were 0.026 grammes; blood, 7 oz. 0.050 grammes; teeth, incrusting matter, two grs. 0.001 of a gramme; fæces, 0.023 of a gramme. The quantity in the intestines, so far as ascertained, was enormous. Todd, in his remarks on gout and rheumatism, relates the case of a house painter who died in King's College Hospital. He had colic, paralysis, and cerebral disturbance, the effect of lead. On autopsy, extensive tuberculous inflammation, beginning around points, as centres; in many of these, in the congestive stage, were minute blackish points suspected to be lead. On chemical examination, lead was found in great quantity in the brain, and in still larger amount in the lungs. It has been found in the brain of a lead epileptic in the paralyzed extensors of the hand, and in the liver and urine of lead patients. When it is diffused so extentively in all the vital organs, and produces such great and serious mischief, who but the reckless and unscrupulous would continue to administer it, especially since we can control profuse discharges and the worse forms of hemorrhage without its use.

Arsenic, also, is an agent which eclectics dispense with altogether, on account of its highly injurious and poisonous qualities. Pereira says, that so powerful a poison requires to be employed with great caution, and to have its effects carefully and attentively watched, for it has on more than one occasion proved fatal when used as a medicinal agent. It is absorbed and permeates every part of the body, and has been found in post-mortem examinations in the lungs, liver, heart and brain. On the stomach and alimentary canal it produces violent irritation, with vomiting and purging, which soon leads to the death of the person, if the poison is not quickly removed or neutralized. If used in the doses in which it only can be used, it soon begets a dropsical condition of the body (œdema arsenicalis). It disorders the heart, as indicated by anxiety at the præcordia, and quick, irregular pulse; it disorders the lungs, as known by the local pain, cough, etc.; it disorders

the nervous system, as indicated by the headache, giddiness, wandering pain, impaired sensibility of the extremities, and delirium and coma of the cerebral affection; and the feebleness and lassitude, trembling of the limbs, paralysis and tetanic symptoms of the true spinal or excito-motory system. It is equally dangerous when employed externally. M. Roux, the celebrated surgeon of Paris, lost a patient, a girl, by death, whose breast he had amputated for scirrhus, and applied to the raw surface an arsenical paste. Desgranges relates the case of a girl, who rubbed her head with arsenical ointment for vermin, the skin being sound. She was violently poisoned, the head and face swelling and being covered with scabs. She had high fever, delirium and vomiting, distress at the præcordia, but ultimately recovered, losing her hair. It has been recommended and has been used in intermittent fever and diseases of the skin, but there are other antiperiodics that can be better depended upon in all conditions, and other less harmful agents that can be used to remove cutaneous diseases. Quinia and its combinations, the sulphate of cinchona, and other preparations of the Peruvian bark, prunin, cerasin, gelseminum, ferrocyanide of iron, capsicum, etc., are all valuable antiperiodic agents; while the Phytolacca decandria Stillingia sylvatica sarsaparilla, Iris versicolor, corydalis formoso, iodide of potassium, syrup of iodide of iron, etc., have a well established reputation in the latter class of diseases.

I have been thus particular in speaking of these four poisonous mineral agents, for, independent of other cardinal principles, we are known and distinguished from the allopathic school for not using them.

We are known, and have been from the beginning of the Reform movement, for our uncompromising war against venesection. We cure, without the lancet, a much larger percentage of those cases that old school physicians say must be bled, as pneumonia and congestions of all kinds, whether in head or body. We cured pneumonia twenty years ago without bloodletting, and do not see that this disease is different now from then. Physiological laws are always the same, and treatment should always be in harmony with them. If we err and misapply the remedies, the natural powers may be strong enough to get the patient well in spite of disease and medicine; if not, he sinks under them. This, I apprehend, has been the cause of the ill success of such physicians in the treatment of pneumonia—an improper interpretation of physi-

ological and pathological laws and a misapplication of remedies. Finding now, at this late day, as we saw long ago, that a better treatment can be adopted, and not wishing to acknowledge their own fallibility they say, forsooth, the body is weaker than formerly, and that disease is consequently less violent in its type. The life in the tissues everywhere is the natural force, that in some cases must be stimulated and supported in its action, and in others regulated, while all impediments to that action are to be taken away and thrown off through the natural channels of excretion. We encourage all actions for the repair of tissue and recovery of the natural status of a part; and regulate such actions when, from the gravity of the obstructions, they become excessive, affecting the natural operations in other parts. We endeavor always to bear in mind, that medicines are but adjuvants in restoring the part, or the whole, to its normal healthy condition. For, taking this stand on broad, comprehensible and physiological principles, and discarding a kind of treatment that we have proved, and honestly believe to be, injurious and unnecessary, we are maligned and traduced. We stand on our own ground. We owe it to ourselves and to humanity to continue our efforts. We are *eclectics;* all should be eclectic; and we are regulars, for we graduated at regularly chartered colleges, having all the privileges, immunities and powers of other medical colleges. Yet we are not anxious to take to ourselves such a name, that is at present associated with, and claimed exclusively by, a party in medicine at once illiberal, dogmatic and pretentious, the majority of whom are far down in the scale of mediocrity. Let us not flinch, but, with firm hearts and true courage, with skill and wisdom, urge on the many and great improvements in the practice of medicine and surgery.

ARTICLE XXIX.

Cholera Infantum. Read before the State Medical Society, by D. E. Smith, M. D., Brooklyn, N. Y.

There is no disease to which the physician is called to prescribe that requires more skill, and nicer judgment in managing to a successful termination, than cholera infantum. Confined to children of from two months to three years of age, it may justly be termed *cholera of infants*. At an age so tender and a disease so terrific, as it has proved one of the most fatal affections to which children are liable.

Though differing in some respects from cholera in the adult, many of the symptoms we find analogous. In both are vomiting and purging, the convulsed or contracted muscles, and coldness of the extremities; in both diseases we have also the sunken eye, the cadaverous look, and the intense and almost unquenchable thirst. In one particular, however, there is a marked difference. In epidemic cholera, the patient is either convalescent in from six to twenty hours, from the first invasion of the attack, or he is in the callapsed stage, *articula mortis*. Whereas, in the disease under consideration, the patient may linger for days, weeks, or months, before death ensues or a cure is effected.

Some physicians suppose that dentition is the cause of cholera infantum, and the remark has become proverbial, that the second summer, *i. e.*, the period of dentition, will be the trying time for the child. But statistical evidence demonstrates the fact, that it more frequently occurs previous to, than during the period of dentition.

From the official report of deaths in Philadelphia, it appears that, in two hundred and twenty-nine deaths imputed to this disease, one hundred and forty-two occurred in children under one year of age, seventy-five in those, from one to two years, and twelve in those from two to five years. During the year, 1863, there were reported in the same city, nine hundred and thirty deaths from this disease, six hundred and fifteen of which were under one year of age.

In the months of June, July and August, during an interval of five years, from 1858 to 1862, inclusive, there were reported in

the city of New York, from this disease alone, five thousand one hundred and twenty-nine deaths, about two-thirds being under one year of age.

In the year 1862 there were twelve hundred and eighty deaths from cholera infantum reported in the above named city, eight hundred and two of which, or nearly two-thirds of the whole number, were under one year of age. Thus we might bring statistics from almost every city in the Union, giving reliable evidence to prove that dentition, though often the attendant, is not the cause, of cholera infantum. That cholera infantum is one of the most fatal diseases in this country, we need only to quote a single extract from the boards of health of the two leading cities of the Union to prove.

"In Philadelphia, during a period of fifteen years, from 1825 to 1839, three thousand three hundred and fifty-two infants died of it, being almost ten per cent of the whole number of infants under five years of age who died during that period, and nearly five per cent of the entire mortality of the city."

From 1851 to 1862, inclusive, there were fourteen thousand six hundred and six deaths reported in the city of New York from cholera infantum.

I have said that cholera infantum was indigenous to this country. Candie, in his Practical Treatise on the Diseases of Children, says of this disease: "It does not appear to be known in Paris." The report of the health officer of London for the year 1863 I have had the pleasure of perusing, and certainly *no* deaths were reported by that officer from cholera infantum in the bills of mortality. Watson, in his Practice of Medicine, does not speak of the disease, and an eminent author has said that "this form of cholera has been generally regarded as peculiar to the United States.

Several interesting questions here present themselves. 1st. Why is cholera infantum so prevalent in our large cities, and unknown in the rural districts except in sporadic cases? 2d. When our little patients receive apparently no advantage from medicine, why is it that a trip to the country or to the sea-shore is always attended with benefit and usually ends with a cure, with little or no medication?

Excessive heat is undoubtedly one cause of this complaint. It begins its ravages in the city about the middle or last of June, attains its highest mortality in July and August, diminishes in September, and finally disappears in October. But something

more than heat is necessary to induce it, or it would prevail to the same extent in the rural districts. The Cyclopedia of Practical Medicine explains it: "Vitiated or impure air must be combined with excessive heat in order to produce this disease, and hence it prevails in the most crowded alleys of cities. In cleanly and well ventilated districts and large airy apartments, deaths from it are uncommon; so that at times, when the bills of mortality indicate the greatest amount of deaths, physicians who practice extensively in the better portions of cities may see but little of it." That this is true to a certain extent we do not doubt, but are there not other agencies more potent?

For the eighteen years that I have been practicing eclectic medicine, I have been, during the summer months, frequently brought in contact with this disease, and have not been altogether a silent observer of its powerful symptoms and results. We have shown, by statistical evidence, that the majority of children who die of cholera infantum are under one year of age. It is a fair conclusion that three-fourths of this number are nursing children; for comparatively few infants are weaned at one year old. Now, I know nothing of the regulations or the sanitive condition of the city of Rochester or other inland cities, neither do I know of what the food of the inhabitants of these cities consists; nor am I aware of the mortality of cholera infantum in those places. But of New York and Brooklyn, I can speak with some degree of assurance, having been a resident in the latter city for the past eighteen years. One great cause of cholera infantum in my vicinity, is the mother's milk—the food of the infant. It is vitiated or poisoned from improper diet. It is notorious that the fish which are sold in our markets are caught out at sea or in our rivers, by seine or otherwise; these fish are then put into crates or net-work boxes, placed in the water and towed to our wharves and anchored there, where the outlets of a thousand sewers are pouring their filthy and deadly contents. Here they are kept alive in this poisonous element, from one to six weeks, taken out and killed as they are required. Should these fish, after being killed, remain in the market beyond a certain time, they are placed in charge of the huckster, peddled through the streets and sold to the inhabitants.

Now, can fish live in such an element and not become diseased, and can such fish be eaten and not impart disease and death to those who use them for food? The mother eating such food

becomes afflicted with cholera, cholera morbus, diarrhœa, dysentery, fever, etc. The milk becomes affected, and thus the disease in question is imparted to the little sufferer. How often does the observing physician trace the disease of his little patient directly to this source.

I think, gentlemen, we here have a solution of at least one of the causes of cholera infantum, why so prevalent, and the bills of mortality from its ravages so frightfully large in most of the maritime cities of the Atlantic States.

Another source of this disease is the aliment with which par tially and wholly weaned infants are so frequently nourished. It is a fact well known to you, that the food of such children consists mostly of cow's milk. It is also known, to some of you, at least (I speak particularly of New York and Brooklyn), that seven out of ten quarts of the milk used in these cities is swill milk, or is adulterated with some deleterious substance. To prove this, it is not necessary to go beyond the limits of the city where I have the honor to reside, familiarly known as the "city of churches." In riding to the suburbs of the city by the Green Point line of cars, we pass at least one place where this poisonous milk is vended. If I have been credibly informed, there have been from one thousand to eighteen hundred cows, at one time, in one of these places, tied by the neck and fed on swill. This swill has been purchased for about ten cents a hogshead, carried on carts to the places where these cows are kept, put in troughs in front of them, and these poor animals are compelled to eat it or die of starvation; and if report say true, some of them are so weak and poor that sometimes they are obliged to support them in an upright position in order to milk them.

These places have been designated by the appellation of milk factories. I have myself, at one time, at one distillery, counted *forty-two* wagons, upon the top of which were *sixty-five* hogsheads waiting to be filled in turn with swill for these poor animals; and when they are no longer available for their milk, a part of them, at least, have been killed and sold to our citizens for beef. A moment's calculation will show that this is a most lucrative business. The swill costs, say ten cents a hogshead. It is run through these cows and sold for five and seven cents per quart, as pure Orange county milk. Some of you may smile and think the contents of this paper an exaggeration, but, gentlemen, I am dealing in facts, as far as an extensive observation, diligent inquiry

and statistical evidence go. Is it any wonder, then, I ask, in view of these facts, that so large a number of our little ones in our maritime, and perhaps some of our inland cities, perish annually of this disease? Is it any wonder that a cure is so speedily effected by a visit to the rural districts or to the sea-shore, where these death-dealing substances cannot be obtained? It is high time that our authorities attended to this matter, and I trust that the Eclectic Medical Society of the State of New York will discuss the subject thoroughly, and impress it upon the public mind, until the attention of the boards of health of our several cities is directed to these evils and the remedy applied. What cities out of the United States would for one moment tolerate or allow such death-dealing substances to be vended in the markets and through the streets? Perhaps we may here have the solution of the fact that cholera infantum is unknown in Paris, and that in the great city of London, with its 2,362,000 inhabitants, no deaths were reported from this disease during the past year.

There are various other causes for this disease, such as tenement houses, packed to their utmost capacity with human beings, where cooking, eating and sleeping are carried on in the same room; unripe vegetables, stale fruits, etc., which have laid in our markets until decomposition or fermentation is about to take place, or that process has already commenced, when, in order to save a few shillings, they are placed in wagons, carted through our streets and sold for our little ones to eat. The dirty, filthy condition of the streets and lanes in some of our cities, where heaps of filthy, stinking rubbish are allowed to remain from days to weeks, and even months, as it frequently does in the Fifth ward of the city of Brooklyn, generating and giving off a miasma which, like the "deadly upas," is spreading contagion all around. In view of these facts, we cease to wonder that the mortality from cholera infantum is so large in this and other cities of the United States. Says the American editor of Copeland's Medical Dictionary: "This disease is far more prevalent and fatal in Philadelphia than in New York or Boston, in which latter city it has even been doubted whether the disease exists in its true form." This, gentlemen, is a significant paragraph, and the key-note to at least one of the causes of cholera infantum. What city in America can boast of such admirable sanitary arrangements as Boston. Her streets and gutters clean and neat; no bunches of stale, half-decomposed garbage or heaps of filthy dirt are allowed to remain for a

single hour in her streets, lanes or thoroughfares, giving off the life-destroying miasma. It is time that our health officers were selected with special reference to the improvement of the sanitary condition of our cities, who would have a determination to abate these evils. Then we should not see the appointment of some favorite friend, who may be too illiterate or too lazy to acquire a remunerative practice, and who seeks the position only for its pecuniary advantage. Indeed, some health officers, when once installed, instead of looking after and removing these causes which breed contagious disease and death, spend their time in proscribing physicians who happen to disagree with them in their manner of restoring the sick, by ordering coroners' inquests on their patients, to get up a little unenviable notoriety.

The prophylactic measures may be briefly stated to consist of allowing the infant a healthy breast of milk till it is one year old; a careful, well selected diet for the mother, avoiding the use of stale, unripe or over-ripe fruits; of wearing flannel next the skin, the breathing of pure, fresh air, and keeping the extremities warm.

We will now proceed to the discussion of the practical and, to us, the most interesting part of the subject. There is no classified disease under the old school treatment which presents such a medley of remedies, and which is so utterly at variance with sound reason, as the one under consideration. For instance, Dr. Rush recommends "an emetic."

Dr. Dewees "disproves of emetics, but recommends strong coffee and a quarter of a grain of calomel with half a grain of sugar, to be placed on the tongue every hour until the stools are copious and of a dark green color."

Dr. Copeland gives "hydrargyrum cum creta in frequent doses."

Dr. Chapman recommends the "sulphate of iron with diluted sulphuric acid."

Dr. Skinner of North Carolina employs the "nitrate of silver."

Dr. Gunn prescribes "paragoric and laudanum, with warm baths."

Dr. Wood uses "calomel one day and syrup rheubarb the next."

Dr. Candie "gives the oil of turpentine and a solution of camphor in sulphuric ether; also sugar of lead in $\frac{1}{6}$ grain doses every hour."

The Cyclopedia of Practical Medicine says "apply leeches, cataplasms, fomentations, &c., to the abdomen."

While Dr. Eberle "blisters the stomach, and then dresses the abraded surface with mercurial ointment."

The above treatment I will not attempt to criticise, nor speak of in regard to its scientific application in cholera infantum, but I wish simply to place it on record in order that it may "stand out in bold relief," in contrast with the common sense treatment of the American Eclectic practice in this disease.

When called to prescribe for a case of cholera infantum, the first step necessary to the cure will be to place the little patient in a large, well ventilated, airy room. This should always be done. The next point should be the diet. If possible the child should be confined exclusively to the breast, and strict instructions given relative to the food of the mother. On no account should she be allowed to eat indigestible or impure articles of food, unripe or stale fruit or vegetables. If the infant has been weaned, its diet should consist of isinglass jelly, Bermuda arrow root and chicken tea. These are nourishing, easily digested, and are usually retained in the stomach. The drink should be pure cold water, in a tumblerful of which there had been previously dissolved two drachms of clean gum arabic. This leaves the water its natural taste, agrees admirably with the patient, and is eagerly sought for by the little sufferer. The first remedy usually given in cholera infantum is the compound syrup of rheubarb and potassa, known by all Eclectics as the neutralizing mixture. This medicine will, in eight cases out of ten, cure the disease. It should be given every twenty, forty or sixty minutes, until it passes the bowels and changes the appearance of the stool, after which it is given three times a day. If vomiting is a prominent symptom, with the discharges frequent and watery, and the above mixture is not retained in the stomach, as is sometimes the case, I have found a reliable remedy in the tincture of the veratrum alba, or white hellebore. Five drops of this tincture should be put into half a tumbler of cold water, and given in teaspoonful doses, in alternation with the prepared powdered ipecac; and it will almost invariably cure this form of the disease. The pure ipecac in powder should be thoroughly triturated in a wedgewood mortar, with sugar of milk, in the proportion of five or six grains of the former to one hundred grains of the latter. This powder thus prepared is to be exhibited, about two or three grains at a dose, placed upon the tongue. These medicines, administered in alternation every five or ten minutes for twenty-four hours, are

among the best remedies known for cholera infantum. I cannot recommend them too highly. A trial only is necessary to convince the most incredulous of their extraordinary power in this disease.

Where vomiting is a marked symptom, and does not readily yield to the ordinary remedies, I have given immediate relief by applying a mint fomentation to the stomach. I have also found it to yield very readily to albumen (the white of an egg), with small bits of ice. Another very excellent remedy in cholera infantum is the following:

℞

Syr. rheu. ʒij
Aqua calcis ʒiv
" mentha piperita ʒij

M. Dose for a child one year old, one teaspoonful every hour until it operates on the bowels, as a laxative, which may be known by the changing of the appearance of the stool.

This medicine I also use extensively in diarrhœa and dysentery. The preparation is similar in its properties to the neutralizing mixture; yet in many cases where that medicine has but little apparent effect, this compound acts almost as a specific. It is antacid, anti-emetic, laxative and astringent, and it is very pleasant to the taste. Sometimes the discharges are very light-colored and entirely deficient in bile. When this is the case it will be necessary to give ten drops of the fluid extract of leptandrin in a little simple syrup, every two hours, until the stools are of a dark green color, after which the disease will readily yield to the other remedies.

I have thus, gentlemen of the Eclectic Medical Society of the State of New York, endeavored briefly to sketch to you what I believe to be some of the causes of cholera infantum, and also the treatment which I have found most successful, and which with me has saved at least ninety-six per cent of my little patients.

Thanking you for your kind indulgence in listening so attentively, I leave the subject in your hands.

ARTICLE XXX.

Constitution, and Proceedings in the Organization of the Brooklyn Academy of Medicine.

We, Dennis E. Smith, William W. Hadley, Henry S. Firth, Horatio E. Firth, E. H. Sands, Benjamin J. Stow, Martin Hermance, and James Pennoyer, resident physicians and surgeons of the city of Brooklyn, county of Kings, State of New York, and members of the Eclectic Medical Society of the State of New York, and who have subscribed to the constitution of the said society, did assemble a meeting on the fourteenth day of March, in the year, A. D. 1866, at No. 100, Clermont avenue, in the city of Brooklyn, county of Kings, State of New York, for the purpose of organizing a medical society of the city of Brooklyn, county of Kings, State of New York, in pursuance of an act of the Legislature of the State of New York, entitled "An act for the incorporation of the Eclectic Medical Society of the State of New York, and auxiliary local Eclectic Medical Associations," passed April, 24th, 1865; which meeting was organized by the election of Horatio E. Firth, chairman, and James Pennoyer, secretary.

On motion of William W. Hadley, the following preamble and resolutions were unanimously adopted:

Whereas, we the assembled physicians and surgeons, of the city of Brooklyn, are desirous of availing ourselves of the advantages to be derived from a more intimate intercourse, fellowship and fraternity, we do therefore,

Resolve, to proceed to organize a society to be called the Brooklyn Academy of Medicine, having for its objects the cultivation and improvement of the science as well as the art of medicine, and also the promotion of a spirit of professional liberality, and of co-operation among ourselves as a constituted body, united on the Eclectic principles of practice, which is the philosophy of selecting remedial agents that possess the quality of safety as well as efficiency.

Resolved, That for the furtherance of these declared objects, this meeting do now proceed to organize the aforesaid society by the appointment of a committee of three, to be appointed by the chairman, whose duty it shall be to draft and report to this meet-

ing a constitution and by-laws for the government of such society. Whereupon the chairman appointed the following committee, in pursuance of said resolution:

William W. Hadley, Dennis E. Smith, James Pennoyer.

The committee appointed by the chairman as aforesaid, reported the following constitution and by-laws, for the government of this society, which were unanimously adopted.

Constitution.

Article 1. The name of this association shall be "The Brooklyn Academy of Medicine."

Article 2. The Brooklyn Academy of Medicine shall be auxiliary to the Eclectic Medical Society of the State of New York, for the county of Kings, subject to the sanction and approval of the aforesaid State society.

Article 3. The officers of this association shall be a president, vice-president, secretary, and treasurer, who shall be elected by ballot, at the first annual meeting.

Article 4. The president shall preside at all meetings, and require conformity to all the rules of the academy. He shall have power to convene special meetings at such times as the interest of the academy demands, and require the secretary to duly notify the members of such meeting.

The vice-president shall discharge all the duties of the president, in the absence of the president.

The secretary shall record the transactions of the academy. He shall enter in a suitable book the minutes and proceedings of every meeting regular and special, and keep a register of the name and residence of every member; receive all moneys for initiation dues and assesments, regularly keep an account thereof, and pay over the same without delay to the treasurer. He shall be required to notify members in due time, of every meeting of the academy. He shall receive, and file all applications for membership with endorsment. He is charged with the correspondence of the academy, under its general rules, and the direction of its presiding officer, and at the expira ion of his office he shall hand over all books, papers, documents, and property belonging to the academy, to his successor in office.

The treasurer shall keep a true account of all the receipts, and disbursements of the academy; pay all bills; regulate, levy, and

equalize all assesments necessary for meeting the expenses of the academy, when authorized by the academy so to do. He shall receive, and file all securities, money, documents, deeds, bonds, mortgages, &c., belonging to the academy; and at the expiration of his term of office, deliver over to his successor, or to such person or persons, as the academy may direct—all moneys, securities, evidences of debt, books, papers, writing, and property of the academy in his keeping, or under his control. He shall make an annual report of the amount of his receipts, and expenditures for the year preceding.

Article 5. At the regular annual meeting of the academy, a Board of Censors, consisting of three members, shall be appointed by the president, whose duty it shall be to receive and examine all credentials, and other evidences of elegibility to membership, and shall report to the academy at any regular meeting.

Article 6. The president, vice-president, secretary and treasurer, shall constitute the executive committee of the academy, for the general management of its affairs when not in session, and for the transaction of all business not delegated to special committee.

Article 7. The academy shall be governed by the usual parliamentary rules, and may adopt such measures, rules, and by-laws, as may be necessary to forward the general interest of the members as medical men. But no by-laws shall be adopted, nor tax laid upon the members, unless by a majority of two-thirds of the members present at a regular meeting, or at a special meeting properly called; nor shall any resolution be considered binding, or valid, unless one-half of the resident members were present at the meeting when such resolution was adopted.

Article 8. The regular meeting of the academy shall be held at the Brooklyn Institute, in the city of Brooklyn, county of Kings, or such other place as the academy may select in the city of Brooklyn, on the second Thursday in each month; and such special meetings as may be called by the president, with due notification of all the members by the secretary.

Article 9. The graduates of all respectable colleges, and physicians who have sustained a reputable practice, for at least four years, shall be elegible to membership in the academy.

Article 10. Applications for membership shall be made in writing, at a regular stated meeting, accompanied by the recommendation of at least one member, and shall lay over to the next regular meeting. All votes relating to membership shall be, by

ballot, and a majority of four-fifths of all ballots cast shall be necessary to elect.

Article 11. Any officer of the academy who shall willfully and knowingly neglect his official duties, as specified in article four, of this constitution, shall be deprived of office, or officially censured, or expelled, or fined; as also any member or members for unprofessional, or ungentlemanly conduct, may be censured, invited to withdraw, or expelled from the academy, by a vote of four-fifths of the resident members, at a regular meeting—*provided*, that a specific charge be made, in writing, and that a due notification of two weeks be given of the time of the action to be taken thereon.

Article 12. Any non-resident of the city, who is a graduate of a respectable medical college, may become eligible to honorary membership in this academy, by forwarding to the secretary such documents as certify to his respectable professional position.

Article 13. It shall be the duty of each member of this academy to treat with professional courtesy, all educated and respectable physicians, of whatever school of practice, unless they be guilty of violation of the principle of gentlemanly conduct.

ARTICLE XXXI.

Diphtheria. By C. W. Bates, M. D., Brooklyn.

Diphtheria is a subject in which the medical man should take a deep interest. It has slain its victims by hundreds, if not by thousands, in many districts of our country. The children of the wealthy and educated, as well as those in the more humble sphere, are alike exposed to its destroying power.

One authority has declared diphtheria to be "a severe inflammatory disorder of the throat." Another regards it as a variety of croup. Dr. Dunglison says: "Diphtheria is a name given to a class of diseases which are characterized by a tendency to the formation of false membranes, and affect the demoid tissue, as the mucous membranes, and even the skin." I would define it in the following manner: Diphtheria is a disease which affects primarily the blood, thence extending to the throat, as a follicular inflammation depositing a false membrane upon the fauces and surrounding organs. The disease is one of a zymotic character, affecting the blood, thereby causing a want of vitalization to the different tissues. It prevails more in autumn and winter than during the season of greatest heat, indicating that cold and exposure to damp weather during the inclement seasons prepare the way for its terrible ravages.

We may divide diphtheria into the sporadic and epidemic forms. In the former, when persons of a strong, healthy or robust constitution are attacked, the disease appears to yield readily to appropriate treatment; but the latter greatly tasks all the resources of the physician. If it was a local disease, it would hardly be possible for the changes in the blood to take place so rapidly as to cause all the constitutional disturbances which are so often manifested. Yet in the milder forms of the disease, the local trouble seems to be the most prominent one, so that we almost lose sight of the constitutional disturbance, as manifested in an increase of pulse, fever, etc. Indeed, the most unpleasant symptom often is pain in swallowing. But I think, as a rule, we will find considerable constitutional disturbance anterior to the affection of the throat. The symptoms are such as are common to any ordinary pyrexia, except that they exist in a more intense degree and are accompanied by stiffness of the muscles about the angle of the

jaws, pain in deglutition, and generally a more rapid, soft and feeble pulse. After these symptoms have lasted for a longer or shorter period, the tonsils, pharynx and uvula become of a bright red hue, and a deposit generally takes place on the left tonsil, soon extending to the back of the pharynx and uvula and to the opposite tonsil. The patient, for a few days prior to the attack, frequently complains of feeling tired and does not show the usual vivacity.

Viewing diphtheria from this standpoint, we lay down the fact that the first changes are manifested in the blood, and from these the nervous centers are deprived of their proper support; hence the paralysis that so often follows. Often the patient will be going about in his accustomed pursuits; in a short time it is perceived that in swallowing a sensation of pain is felt, or soreness of the fauces, together with a slight headache over the frontal region, which he is likely to ascribe to over-exertion or fatigue, if his duties have been a little more arduous than usual. To the careful and far-seeing physician, this is an indication of the morbid action which is going on in the blood, which, if not arrested, will bring about results that are most disastrous. At this early period of the disease, no deposit can be discovered by examining the fauces; yet the constitutional symptoms, like the cloud in the sky, scarcely perceptible, are portentous of the coming storm.

Now the question arises, what to do to arrest the tide of evil. When we have carefully examined our patient and ascertained the disease to be of an asthenic type, we should endeavor to counteract it by tonic medicines; meeting danger at the first onset. We shall endeavor, in the next place, to find out some of the changes which the blood undergoes and the nature of the deposit.

Chemical analysis divides the blood into water and solid matter, nearly eight parts of the former and a little over two parts of the latter. The solid matter is again subdivided into albumen, fibrin, discs, fats, salts, etc. The object of the blood may be defined to be the supplying of nutrition and the elimination of the effete material from the body. In health these functions are performed completely, and we have a supply and removal exactly balancing, provided the system does not augment or increase in size. So long as this equilibrium is continued, health is the result. When the equilibrium is deranged then disease makes its appearance. In diptheria the general appearance of the patient is of a pale, anæmic character. We find generally, in all diseases

of an inflammatory character, considerable increase of fibrin. In all diseases of an asthenic character, the fibrin is somewhat diminished, as well as all the solid matters of the blood. Probably of all the constituents of the blood, none undergoes so great a change in this disease as the red corpuscles. "A very rapid disintegration of the red corpuscles appears sometimes to take place when a morbid poison is present in the blood, or when its composition has been seriously affected by the loss of its constituents," thus plainly manifested in those severe and fatal cases. Dr. Williams mentions a case of albuminaria proving fatal in six days, "with effusion of pus into the joints the day before death, in which the coloring matter was found to be dissolved in the liquor sanguinis, scarcely any perfect corpuscles being left. He also observed a similar total destruction of the blood discs in a case of malignant scarlatina, with purpura; and has met with indications of partial destruction of them in acute purpura connected with jaundice, and in cases of functional derangement of the liver." In these cases just noticed, the question suggests itself, are not these changes similar to those produced by the subject under consideration? We should judge they were, from the fact that many medical men have defined diptheria to be scarlatina without the rash. Are these morbid alterations of the blood the cause or the result of the disease? They may be brought about by the contagion of the poison which produces the disease itself, and therefore we may view them as the cause, and the changes which they produce as the results, of this morbid impression upon the vital fluid.

These poisons effect a depravation of the circulating fluid by the introduction of matter from without, which acts as a ferment, exciting chemical changes in the constitution of the blood, so that its whole character is changed and its vital properties diminished. The severity of the disease depends upon the degree of this morbid impression and the extent of the changes which the blood has undergone. The prognosis of the disease depends upon the energy of the system to rally under appropriate treatment.

At the commencement of the disease we find a slight congestion of the mucous membrane of the fauces. In a few hours the membrane assumes a livid appearance and a dangerous form. We look upon this false membrane as a deposit of layers of lymph which has lost its vitality and is acting as an extraneous body, preventing the mucous membrane from performing its natural function.

Is diphtheria an inflammatory disease, and is this exudation of membrane the result of inflammation? Though able arguments can be adduced on both sides of the question, I shall take the negative. If the disease was of an inflammatory class, we would observe very different changes of a constitutional nature from those which have fallen to our notice. The treatment which is appropriate for inflammation fails entirely in diphtheria. Whence comes the membranous deposit? We answer, from the depraved or changed condition of the blood trying to eliminate the morbid poison. If the disease was local, we must acknowledge that the constitutional disturbances arose from an incomplete oxydation of the blood, caused by the amount of deposit in the throat, thus obstructing the trachea so as to lessen its capacity for respiration. We have all seen those cases where the local and constitutional symptoms assumed so mild a character as to impress us with the fact that the "materies morbi" was but feebly at work. But in those extremely fatal cases which we see during epidemics, the constitutional symptoms are developed with the membranous deposit, proving conclusively that a more rapid change is taking place than could possibly be accounted for on the hypothesis that the disease is primarily of a local character. For example, if diphtheria was a local affection, would it be possible for a diphtheretic deposit to be seen around the anus?

In the treatment, the objects to be gained are as follows, namely: 1st. To arrest the formation of the pscudo-membranous deposit in throat. 2d. To eliminate the morbific prison from the fluids of the body. As regards the treatment of this disease the profession generally agree that iron, quinine and chlorate of potassa, are the best remedies for the constitutional disturbance. For the local trouble some use emetics, but they have a tendency to prostrate the vital powers. The application of salt bacon to the anterior portion of the throat, is very serviceable; and when it gets dry it should be moistened by a solution of common salt and vinegar. After the bacon has brought out on the neck, the slight eruption, characteristic of it, I have with great benefit applied with a camel's hair pencil—the tincture of iodinum compositum over the throat, and have been of opinion that it produced a salutary effect in arresting the deposit of the false membrane. But I never used flax seed poultices, as I think they excite an undue determination of blood to the part; whereas the bacon acts not only as sedative and derivative; but also as an antiseptic.

Nitrate of silver, say sixty grains to the ounce, no doubt, may be beneficial; but the daily use I would object to, as the strong solution has a tendency to aggravate the sufferings of the patient. I remember well a case which it was my lot to take charge of, during the month of December, 1864. I was called in the evening of the fifth, to see a fine little girl of about three and a half years of age, laboring under a severe attack, and her pulse beat over 130 per minute, and the fauces were covered with a grayish diphtheritic deposit. There was considerable enlargement of the tonsils together with some swelling about the glands of the neck. The tongue was covered with a thin white coating—there was great difficulty in breathing, also that stridulous crowing sound at every inspiration which is so characteristic of croup. I applied the salt bacon to the throat and ordered it moistened in the manner before described every four hours. I also administered alternately every hour, half a grain of quinine in solution and ten drops of tinctura frrei chloridi; and also ordered a drachm of potassæ chloras to be dissolved in two-thirds of a tumbler of water that the patient might take a little between the doses above mentioned. Next morning upon visiting her, I learned that she had spent a restless night, being unable to lie down. The symptoms of the disease, however, were no worse. The patient had a livid blue cast of countenance, showing imperfect oxydation of the blood. The treatment was continued. At noon I called and applied to the throat a strong solution of nitrate of silver, sixty grains to the ounce, by the aid of a probang. This effected the removing of considerable portions of false membrane and facilitated respiration. At seven P. M., I saw her again and found the treatment had been faithfully carried out. A slight change for the better was now manifested by the pulse, which was reduced to one hundred and twenty-four per minute. The membrane had not formed so rapidly as before. I did not apply the nitrate of silver again, but continued on for a few days with the quinine, iron, and chlorate of potassa, and my patient recovered without any of those troublesome sequelæ which so often follow.

The points of interest in this case were as follows: The patient was attacked with the croupal symptoms and had severe fits of coughing, almost strangling. The nervous system was prostrated from the outset. On the 13th of December, I took my leave of the patient and ordered the mother to give ten drops of tinctura

ferri chloridi three times per day, in a little water, for a week or more, which she did.

My observation with diphtheria has generally shown that when the symptoms of croup set in, it had a fatal termination. If I had given this child an emetic, would she to-day have been among the living as a monument of successful treatment, or would, like many who have been treated so before, have gone where medicine has no beneficial potency?

Let us for a moment consider the treatment and point out the indications to be met. 1st. The iron supplies the blood with the deficiency of solid matter, which is necessary to renew the red corpuscles, while the topical application to the throat checks the too rapid formation of the membraneous deposit, thereby preventing the fatal result. 2d. The quinine operates chiefly upon the nervous centers as a stimulus. The chlorate of potassa not only acts by applying oxygen, but also as an absorbent to arrest and break down the formation of the membraneous deposit. Sometimes I have seen its action so plainly marked as to cause slight nausea, and, I think, in four cases the membrane has been so loosened as to be expelled from the throat, already formed *en masse* marked with the rings of the trachea, showing a similar outline to that presented by the internal structure of the throat. And in summing up the treatment, 1st, we should endeavor to counteract and destroy the effect of the *materies morbi* in the blood; 2d, we should endeavor to restore the tone of the nervous system, and thus we will prevent many of the most unpleasant sequelæ of the disease. Finally, we should be careful and see that all of the secretions are properly performed, thus relieving the system of the poison and providing against a relapse. With this sketch of a most fearful malady and a treatment which has proved successful, I submit the matter to your further consideration.

ARTICLE XXXII.

Cholera, its History, Symptoms and treatment. Read before the Brooklyn Academy of Medicine, December, 1865. By D. E. Smith, M. D.

Perhaps no visitation inspires such consternation in the very heart of the people as the one we are about to discuss. Cholera! The mere mention of the name turns men pale with dread; and the apprehensive members of the community have already sounded the key-note of alarm. Inland residences are being eagerly sought as asylums from the destroyer. The physician's ingenuity is taxed to answer the questions which are daily asked by this class of his patrons. "Do you think the cholera will visit us next summer—will it be of a malignant form?" "What are the best preventives for this terrible malady?" "Can you cure the cholera, doctor?" I thank God, that to the last question our branch of the medical profession can boldly answer yes; they can cure their cholera patients. Statistical evidence gives us substantial proof that even this minister of death can be turned back; that cholera can be successfully encountered by the simple, potent, common-sense treatment of Young Physic.

Cholera is an old visitor. Hippocrates speaks of it at some length and divides it into the "moist and dry species," an arrangement which has been adopted by several much more recent authors. Celsus has a chapter upon it, in which the symptoms are very accurately detailed. He notices the "white watery discharges," and he considers it a "highly dangerous malady." He also speaks of "deaths produced by it as of sudden occurrence."

In the year 1817, the Asiatic cholera first attracted special attention from the medical profession; when it set out as an epidemic in Bengal, and marched in every direction until it had gone round the globe. From Jessore it ascended the Ganges to Central India, crossed the mountainous range and established itself, in the year 1818, upon the western coast of the peninsula. It also made its way southward to Madras. In 1819, it passed over the sea to Ceylon and the Isle of Bourbon and also invaded the Burmán dominions, and attacked Siam and the island of Sumatra. In 1820, it reached Canton and the Philippine Islands. In 1821, it appeared on the shores of the Persian Gulf, and ascended the Tigris and Euphrates. In 1822, it had passed the desert into

Syria. In 1823, having made its way northward through Persia, it reached the shores of the Caspian sea, and seized upon the Russian city of Astrachan. Here it seemed to pause until 1828, when it broke out upon the borders of European Russia. It did not fairly enter the empire until 1830, when it advanced as far as Moscow. In 1831, it attacked St. Petersburgh, Warsaw, Berlin, Hamburg and Sunderland in England. In 1832, it reached Paris and London, crossed the Irish Sea and entered Dublin. The same year it leaped the barrier of the Atlantic ocean, and appeared in Quebec on the 8th day of June and at Montreal on the 10th. Thence it pursued its rapid course along the St. Lawrence and the lakes to the valley of the Mississippi. It appeared in the city of New York on the 24th day of June, 1832, spreading to Albany, Troy, Philadelphia, Boston, Baltimore, Washington, Charleston, Cincinnati, Louisville, St. Louis and New Orleans. In 1833, it reached Havana in Cuba, and before the end of that year it was in Mexico.

I have thus endeavored to trace, geographically, the course this epidemic pursued, on its first visitation from its place of beginning in India. Seventeen years later it again set out upon a similar journey of destruction. "On the ninth day of November, 1848, a ship with emigrants sailed from Havre for New York. At the time of her departure there was no cholera either in that port or in Paris, and the crew and passengers were all healthy. The vessel had been out sixteen days at sea when the disease appeared on board, and she arrived with it at the quarantine ground, Staten Island, on the first day of December. This was its second introduction into the United States."

There were but three deaths in New York from the disease at this time; but the subsequent May it broke out as an epidemic in New York, Brooklyn, Philadelphia, Cincinnati, and in several other parts of the country, and raged with fearful violence.

To those of you who have had experience in the management of this pestilence, and have observed the effect of fear upon the patient, it would be superfluous in me to say how much this passion has to do in preparing the system for an attack. If this epidemic should visit our city, the timid, nervous men and women would really *expect* to have it; they would be looking for it and talking about it. Cholera would occupy their thoughts on waking in the morning, the idea would continue with them throughout the day, and constitute their dreams during the hours of sleep.

With this class of persons fear comes first, then terror, then absolute fright, and then cholera itself.

There is an old legend representing Pestilence as knocking at the gate of an oriental city. The keeper asked, "What is thy mission?" "I come," was the reply, "to claim ten thousand of the inhabitants of your city." The pestilence entered and twenty thousand perished. As the pestilence was retiring out of the city, the keeper at the gate demanded, "Did you not declare that you would claim only ten thousand? Behold! twenty thousand have been laid prostrate." The pestilence replied: "I took but ten thousand, as I said; Fear slew the others." This is but a legend, yet it has a moral, by which both doctors and laymen can profit.

In the year 1849, when cholera raged in this city, fifty-two patients were under my professional care. Forty-eight recovered and four died. A large proportion of the mortality, I have reason to believe, was occasioned from fear alone. One case treated about this time will illustrate the point I wish to convey. The patient was a man twenty-four years of age, and lived so near to the cholera hospital that he could hear the cries and moans of the inmates. He saw many patients enter, and but few coming out alive. Coffins were constantly brought into the hospital for the bodies. The dead carts were continually passing and repassing his door, and he was sure to be at the window as they passed. His mind became greatly agitated, and he was filled with terrible forebodings. One morning I was hastily summoned to treat him. On arriving at his residence I heard him scream and moan long before I reached his room. He was very much cramped, and was apparently fast verging into the fearful collapse. On a superficial examination I was enabled to reveal to him the gratifying intelligence that he had not cholera, but simply an attack of wind colic. These words had a most remarkable effect. The cramps left his limbs as if by magic. He looked up into my face and laughed for a moment, then tears of joy coursed down his cheeks, his face glowed with gladness. He leaped out of bed onto the floor, and exclaimed, "Oh! doctor, I am so glad it is not cholera." If ever a man's physical and mental condition was changed from fearful forebodings, intense pain and terrible imaginings into joy and gladness, and all by the utterance of a few words, it was his. I ordered him a cup of ginger tea, he belched up the wind, and when I left him he was evidently chagrined at the unnecessary fuss he had created.

MORTALITY.

Perhaps there is no malady in which unassisted nature seems more powerless. In some parts of the world the mortality has been truly frightful. In India, in 1817 and 1818, we learn from the report to the medical board at Bombay, that there is reason to believe that of one thousand two hundred and ninety-four cases, which received no medical assistance, every individual perished; and it is added that it is not ascertained that any case has recovered in which medicine had not been administered."

At Bushire, in the Persian gulf, we learn from Moreau de James, that in 1821 a sixth part of the inhabitants fell victims; and at Bassora, in the same year, Mr. Rich informs us, that eighteen thousand died, of whom fourteen thousand perished within a fortnight. The number attacked in Moscow, from September, 1830, till the ensuing January, was eight thousand one hundred and thirty, and four thousand three hundred and twenty-five, or fifty-four per cent of the number, died. These statistics are taken from the report of Dr. Loder, physician to the Emperor at St. Petersburgh, dated January, 1831, and read before the Academy of Medicine at Paris. Out of thirteen hundred and eighty-seven patients at Dantzic, during the first epidemic, only three hundred and eighty-seven recovered. Of those attacked in the Polish army, more than one-half died. The same was the case in the hospitals of Paris. In New York city the ratio of deaths was the same. In Philadelphia one out of every two and a half. (*American Journal of Medical Science*, xi., 292.) It is only necessary to add, that the treatment was bleeding, calomel, opium, warmth, and friction.

Watson says "In fatal cases, and a very fearful proportion of the whole number were fatal, death took place sometimes in the course of two or three hours; and it was seldom delayed beyond twelve or fifteen." "Certain practitioners" he continued "maintained that the disease was to be remedied, by introducing into the system, a large quantity of neutral salts, which were to liquify and redden the blood, and to restore the functions of the circulation. But of this practice, it was said in a sorry but true jest, that however it might be with pigs or herring, *salting* a patient in cholera, was not always the same thing as *curing* him."

Of himself, he says, "I had not more than six, several cases, under my charge; and I congratulated myself that the mortality

among them was not greater than the average mortality. Three died, and three (I will not say were cured, but) recovered. I gave them all large doses of calomel;" and adds "I will not pretend to say that these persons might have done quite as well, if they had been left entirely to themselves."

Is Cholera Contagious?

My own experience and observation in the treatment of this epidemic in 1849, when it raged in this city, together with the opinion of many eminent physicians who have passed through the epidemic in its severest form, have led me to view it as *not* contagious. Many able essays have been written to prove the opposite view. I have examined their arguments carefully, to arrive at facts. 1st. In cholera hospitals the attendants, nurses &c., usually escape the disease. 2d. Individuals with this disease do not convey a new infection when removed to a healthy part of the town. 3d. There are many instances on record, where the disease has broken out simultaneously in different parts of the same city or town.

Thus it was in London, in 1848. In Philadelphia, in 1849, and in Memphis, on the Mississippi river, in 1848. Also at Earsdon Colliery, where, at its first appearance, it manifested itself at three distinct points at the same time, between which no communication could be discovered, and the attacks of two of these points were simultaneous, and, therefore, could not be traced to any source of infection. 4th. Persons who have manifested a strong predisposition to the disease, who have long been exposed to the emanations of cholera patients, under circumstances the most favorable to the propagation of the disease, have escaped the infection. 5th. Medical men who have been extensively engaged in treating cholera patients during an epidemic, have never been known to convey it to other patients, or to their own families. This is my own experience in 1849; and it is the experience of others.

The Cyclopedia of Practical Medicine says, "The town of South Shields containing nearly fourteen thousand inhabitants, and distant from Sunderland but seven miles, remained exempt from the disease, with the exception of two cases, stated to be slight and not traceable to any communication with this place, during the whole of its epidemic prevalence here, though calculations have shown that eleven hundred persons pass weekly between the two places."

Dr. William B. Morris, physician to the Massachusetts State prison, says, "At midnight, July 27, 1855, I was called to attend Peter York, a colored convict, who had been in solitary confinement for nearly seven years. On arriving at the prison, I found him with feeble pulse, cool skin, cramps of the abdomen and extremities, purging and vomiting. Thinking it an ordinary case of cholera morbus, I prescribed the usual remedies, and as soon as relief was afforded returned. I had scarcely gotten into bed when I was again called; and before reaching the prison a second time, four new cases had occurred in different parts of the institution. The attacks from this time became so frequent that I was obliged to remain constantly in the hospital, which soon became crowded with patients. During the whole of the 28th, the succeeding night and following day, new cases continued to occur, so that in forty-eight hours from the commencement of the epidemic, two hundred and five convicts had been more or less severely attacked."

Dr. Morris attributes "the cause to a sudden change of temperature on the evening of the 27th, from excessively hot to uncomfortably cold," and adds: "This change of temperature together with the great fact that cholera was prevailing at the time, has always inclined me to believe that atmospheric causes played an important part in the production of this disease."

Medical men who have spent hours in the patient's chamber in the worst stages of the attack, who have assisted in the administration of medicines, in rubbing and bathing the sick, in examining the stools and performing other duties which more properly belong to the attendants have, so far as my knowledge extends, safely escaped.

Well has one said "the strictest quarantine regulations have signally failed; the disease has laughed at walls, guards and legal penalties." Dr. Francis Condie says: "During the prevalence of cholera in Philadelphia in 1832, we closely investigated every fact calculated to throw light upon the question of its contagious or non-contagious character, and for this investigation our position in the board of health and as chief of a large hospital, afforded us ample opportunities; but we were unable to discover the slightest evidence of the disease having been in any one instance communicated from the sick to the well."

We might thus go on and give the evidence of different physi-

cians and others to support our conclusions, that cholera is not contagious; but sufficient has been said on this point.

The cause of cholera is evidently miasmatic influence, or poisoned air of some sort; but what this peculiar poison is, or how it differs from the ordinary air that we breathe, is yet to be solved. Chemistry has failed to point out any perceptible difference in air impregnated with cholera from the ordinary atmosphere. Some have supposed it to be a condition of the atmosphere unduly charged with a substance known as *ozone*. Others have attributed it to a specific poison, generated in the stomach and resulting from a particularly unhealthy condition of that organ, acted upon by the inhalation of a pestiferous or miasmatic atmosphere—the peculiar poison known as *systic acid*. "This acid," says Orfila, "is generated in animal matter exclusively, and no process, however adroit, has been able, either synthetically or analytically, to determine anything satisfactory of the production of this destructive poison." Others have supposed the cause to be animalculæ floating in the atmosphere in certain infected districts, which are taken into the system. This is a plausible theory, but is not entirely free from objections. The frosts of winter would destroy such animalculæ, as in the yellow fever epidemic, and stay at once the pestilence. But during the cold winter of 1830–1831, cholera raged with more than ordinary violence in the city of Moscow.

Dr. Anthony Hunn, of Kentucky, achieved success in treating the cholera during its first visit to this country, in 1832, which was most remarkable. He was acknowledged, both by friends and adversaries, to be master of the dire scourge. His cholera or antispasmodic drops were used extensively by the late Professor Thomas V. Morrow during the epidemic in Cincinnati, in 1849. I have also used them and can give my testimony in their favor. Dr. Hunn said:

"The reason why hitherto the Asiatic cholera has proved incurable, is that neither its causes nor its nature have been at all understood by physicians. The means, therefore, hitherto used have been empirical nostrums, the nugatory result of trials without science—quackery.

"The remote cause of that epidemic, is an unusual combination of the hydrogen and carbonic gases in the atmosphere, smuggled into the circulation of the blood by means of the *mundane sensive*.*

* This is a word of Dr. H.'s own coining. It might be rendered here *chemical affinity*, which would be more generally understood. Mundi is not an immaginary power, but the actual cause of the phenomena of creation. By the word *sensive* he means nervous influence, nervous fluid, &c.

Now many experiments have proved that both the hydrogen and carbonic gases will produce, when introduced into the blood of a living animal, exactly such effects as would explain all the symptoms of asiatic cholera, that is a sudden paralysis of the cerebellum, which acts as a gland by secreting the nervous fluid, the vital essence, from the mass of the blood, and sending it through the conducting nerves all over the body. The vital essence in the human organization, however, has a strong aversion against those life destroying gases, and unless the mundane essence of life, which pervades all creation's boundless space, should enter into that combination, as a third agent, and as a kindred to the organic sensive (nerve fluid) introduce those morbific gasses by stealth into the human frame, they would not be absorbed, and would swim innocent in the atmosphere.

"The *mundane sensive* here acts as an alkali does upon oil and water when mixed, everybody knows that oil and water will not mix, as we commonly express it; that is the affinity for the particles of the oil have a stronger affinity for each other than for the water, and *vice versa*; and, therefore, they will not combine; but by the addition of an alkali this affinity is destroyed, changed, and the three mix and make soap. So with the cholera miasma; unless there was a third agent to *reconcile* (if I may use the expression) the organic life to the poison, it would never be absorbed, and the effects of the cholera would be unknown. But, by the admixture of the third agent, the miasma is infused into the circulation, it combines with the very essence of life, and unfits it to perform its functions—and death is the consequence.

"The Deity who executes all his designs by means of the essence of vitality, has thus influenced the chemical affinities of those two gases into a combination, and also causes their absorption into the circulation of the blood, by adding the essence of vitality to the two gases, by which means alone, in disguise, under friendly, kindred essence, these mortal gaseous agents may be admitted into the human system. Thus, the cholera is indeed "the finger of God," who, as he thinks proper, thus combines these gases, by spots, and causes them to rise periodically in sporadic, qualing exhalations into the atmosphere. This explains the otherwise unaccountable irregularity and "friskiness" of its operations all over the globe.

"Now the carbonic acid gas is too heavy to rise high enough to be greatly injurious to health, even if it should be combined with the *mundane sensive;* and the hydrogen is too light for that purpose, for it will immediately, when developed, fly to the highest regions of the earth's atmosphere. The first, however, is probably the cause of fever in low, marshy countries; yet, by its great ponderosity, its effects even there may not be comparatively feeble. But by a combination of the two gases, the hydrogen is kept down by the ponderous carbon, and the carbonic gas is raised up by the volatile hydrogen; so that these combined agents of death can

swim in a medium station of the air and annoy human life. This will also explain why every person is not attacked by cholera, and indeed by every other miasmatic disease; for the purer the organic *sensive* is in an individual, the more he has rendered and kept the essence of vitality in his organs spotless and pure—the more the 'vital chemistry' in those organs will exert its natural functions of repelling those poisonous gases from the system, and from an entrance into the circulation. That vomiting and purging away the serum and lympher of the blood in such vast quantities, have not their cause primarily in the stomach and bowels, ought to have struck, long ago, every learned physician.

"These are evidently only secondarily, sympathetically affected in cholera, in the same manner as a person who has received a blow on the head will vomit. Nor is the liver the primary seat of the disease; for in my method of treatment, not a drop of bile is discharged, and the liver regains its activity with the lungs, the kidneys and the rest of the organs, as soon as the morbid action of the cholera is removed. The *brain* is the viscus that is primarily affected in the cholera, as it is indeed in every miasmatic disease. It has hitherto been strangely overlooked by the medical world, that to the most obvious observation, an affection of the *head* precedes every other symptom of the Asiatic cholera. A singing, roaring, twittering, disagreeable noise in the ears; a giddiness and a strange sense of despondency ushers in the vomiting and purging. Neither the bowels nor the stomach are anywise painful; the passages are evidently urged on by the great quantity of rice-water. This water is evidently the serum and lympher of the blood. This can enter the cavities of the stomach and bowels only through the exhaling arteries. It cannot be colliquation, or want of action in the arterial system, for in that case the discharge could not be clear water, and the liver and kidneys would emit abundance of bile and urine. But in cholera, both bile and urine are wanting. It must be an excessive contraction of the cordiæ and arterial muscular fibers. The left ventricle of the heart is clinging to itself, the right ventricle is forced open, being so much weaker than the left; but the left remaining closed, no circulation of the blood can take place, and the pulse ceases. A universal tonic spasm of the muscular fibers of all the organs is evident, and explains all the symptoms.

"But what causes this contraction? Is it produced by an excessive influx of vital essence from the brain, or by its abstraction from the muscular fiber? To the shame of our era, the first has been all along maintained and acted on to the slaughter of thousands. In Asiatic cholera, self-contraction is produced by want of vital essence, by an abstraction of the 'nervous fluid' from the muscular fiber; for it cannot possibly be excess of life which causes the tonic spasm in the cholera, the jectitations and twisting of limbs and features, when the person has been dead for some time.

"What causes these discharges? Want of nervous influx from

the brain, which is caused by the cerebellum, produced by the miasm, of which want of *sensive*, the contraction of the heart and arteries, and all muscular fibers, are the symtomatic consequence. This terrible death-grasp spasm, while at once it stops all circulation, presses most powerfully the serum and the lympha through the small exhaling arteries into the stomach and the bowels. In the latter, also, the contractive is master, vomiting and purging—with the blood escapes caloric and sensive, warmth and life—every contracting fibre self-contracts—the neutralizing essence of life is fled! and this spasm, this twisting and distortion of the limbs and features continues even after the vital action has ceased, as long as there is in the body the least *sensive* to escape"

I have thus, gentlemen, given you the theory of the proximate cause of Asiatic cholera, as advanced by Dr. Hunn; not because I am prepared to accept all he has advanced, but because I believe that part of his theory to be true which declares the brain to be the seat of the disease. I have not noticed, as Dr. Hunn observes, that "an affection of the head precedes every other symptom of Asiatic cholera, but I have observed that when the disease was fully developed, symptoms analogous to those exhibited in diseases of the brain and nerves; such as giddiness, drowsiness, singing in the ears, stupor, a semi-comatose condition of the whole system, and a perfect indifference about dying. The spasms are similar to those produced by tetanis, where the brain and spinal nerves are involved. Such symptoms I do not think could occur if the stomach and bowels were primarily the seat of the disease.

Mr. Thom, who has written an admirable essay on Asiatic cholera, and who was present during a visitation at Kurrachee in 1846, says of the symptoms: "There were sudden faintness, prostration of strength, restlessness and anxiety, accompanied by vertigo, deafness, loss of vision, alteration or hollowness of the voice, weak and slow respirations, performed convulsively or in sighs." If this description of an attack of Asiatic cholera is true, what better evidence could we ask for to enable us to conclude that the brain and nervous system constitutes the seat of the disease, as all these symptoms preceded the vomiting and purging, sensations of burning heat in the stomach, the intense thirst, &c. ?

But whatever may be the cause of epidemic cholera, whether it be a peculiar combination of gases, animalcula, ozone or malaria; whether the brain is primarily or only secondarily affected, or whether it is affected at all, amounts to but little, compared with the great question, "Can the cholera be cured." This question,

as I have before said, the Eclectic branch of the medical profession can answer promptly and truthfully in the affirmative. It will only remain for me to produce the necessary evidence. I have already shown that under the allopathic or old school treatment the mortality has been from fifty to sixty per cent. I will now place in contrast the statistics of "young physic."

Dr. Wooster Beach, during the epidemic of 1832, was appointed physician of the tenth ward of the city of New York. This appointment has been questioned, and even denied, by Alexander H. Stephens, who was president of the special medical council or board of health at that time; and as it may be necessary for me to prove the fact, I will quote from the original document, which is still in the possession of Dr. W. Beach. It reads as follows:

"By virtue of the power and authority in me vested, as alderman and warden of health of the Tenth ward, I do hereby nominate, constitute and appoint Wooster Beach, M. D., to visit and take charge of, and to give such medical advice and assistance as may be required, to all poor persons, inhabitants of the ward, who may be affected with the prevailing epidemic; and also to call to his aid such assistance from the medical faculty as he may require and deem necessary and expedient.

"(Signed) JOHN PALMER,

"*Alderman Tenth Ward.*

"Dated *July 17th*, 1832."

After this appointment, the corporation immediately issued and posted up, in every part of the ward, the following bill:

"TENTH WARD MEDICAL STATION.

"All persons affected with looseness, pain in the bowels or cramp are requested to apply immediately to Dr. W. Beach, No. 95 Eldridge street, where they will receive advice and medicines, free of charge."

Dr. Beach being clothed with authority, immediately summoned to his assistance Drs. J. B. Dey, from New Jersey; Cheevers, city of New York; Carpenter, city of New York; Martin Lewis, from the State of Maine; Oatman, from Vermont; Warren Alford, North Carolina; H. D. Sheppard, West New Jersey; Hopkins, city of New York; Belcher, city of New York (old school.) These heroic men, with their gallant leader, were marshaled out as in battle array, to cope with the terrible pestilence. It had put its girdle round the earth, and all attempts to divert or check it on its march had been in vain. It had overthrown the strong and

the mighty. Twenty millions of human beings had perished at its touch. This little band of warriors found their adversary standing, like Goliath, proud, firm and defiant. The physicians had had no experience, and for a time the conflict was doubtful. But when the agencies of American Eclecticism were brought into requisition, and the simple but potent remedies were employed, the victory was won. As the smoke and dust of a three-months' siege were looming up from the battle-field of the Tenth ward of the city of New York, there was to be seen this war-worn, persecuted veteran, the leader of Eclectic reform, with his foot upon the neck of the adversary, his javelin piercing its very vitals.

Dr. Beach reported ten hundred patients treated by him, with a loss of but six per cent. Dr. Hopkins, one of Dr. Beach's co-laborers, reports one hundred and fifty-seven cases, of which eight were in a state of collapse before they were seen; and of the whole number there were but *six deaths*, or less than *four per cent.* The excitement and confusion in the city at this time were so great that his other co-workers neglected to keep statistics. This we greatly regret, but we are assured by Dr. Beach that their success was most remarkable.

Dr. Hawthorne, of England, also employed the plan of practice which has with the Eclectic physicians proved so successful, and was rewarded with the most marked success, saving about ninety-six of his patients out of every hundred. An address, on behalf of the inhabitants of the parishes of Billy and Dunluce, was presented to him, which was signed by physicians, members of the board of health, parish officers and private citizens of the highest respectability, and which closes as follows:

"We, the undersigned, feel it our duty to express our most unqualified conviction, that your plan of treatment is the best and only safe one; and that if sufficiently early and efficiently put in practice, even in the most violent forms of the disease, and universally adopted, it is calculated to save many a useful life and render a most formidable disease comparatively mild and less fatal than most other epidemics."

Dr. T. J. Wright, of Cincinnati, reported eighty-five cases of cholera and cholerine, and four deaths.

Dr. I. W. Morrow, of Cincinnati, reported sixty-nine cases and two deaths.

Dr. Pearse reported fifteen cases and no deaths.

Dr. H. P. Baldirdge, of Springfield, Ohio, had twenty-five cases

of cholera. All of them had rice-water discharges, and a majority of them vomiting and cramps. Six cases ran into the collapse stage; two of them recovered. One raised out of the collapse but died in the fever succeeding; the other three died in the collapse. Three of them under five years of age, and one sixty-five.

The official report of Dr. Jordan, physician of the Cincinnati cholera hospital in 1849, is as follows:

Whole number of cholera patients treated, 210; whole number of deaths, 49; discharged cured, 161; comparative results; cures 76⅔ per cent; deaths 23⅓ per cent.

Dr. Jordan says: "In comparison with other hospitals of the kind, this would be regarded as a small mortality; and yet the greater portion of these deaths were due to the advanced state of the disease in which the patients were received. If all had been removed to the hospital upon the first appearance of cholera symptoms, I am convinced the mortality would not have exceeded ten per cent—probably much less.

The report of Dr. Jordan shows that "about one-eighth of all that were *cured* were when admitted into the hospital in a state of *pulseless collapse.*"

Dr. Jordan also remarks: "I have not the vanity to claim any peculiar talent, skill, or any other merit, except a conscientious discharge of my duty. Whatever credit may be attached to these results, must be ascribed mainly to the principles of treatment which were adopted and faithfully carried out—principles which have stood the test of many years' experience in this country, and have never yet failed to demonstrate their superior value. These principles have been derived from the Eclectic or American system of medicine—a system peculiar to our own country, and widely distinguished in many respects from the old school or European system, which claims a foreign and antiquated origin. The Eclective system, which excludes mercurials and general depletion by the lancet, as well as many other injurious agents, both in this and in all other diseases, recognizes a great variety of stimulating, sudorific, diuretic, astringent, alkaline, antispasmodic, cholagogue and emetic remedies, as appropriate in the treatment of cholera; and aims to substitute safe, simple and sanitive agents for those which tend to create or aggravate disease by their own poisonous nature, or to produce permanent debility." In speaking of the cause or theory of cholera he says, "that the

liver, however, is *not* the seat of the disease, nor its derangement the cause of it, either remote or proximate. My experience has abundantly satisfied me. Hence the impropriety of giving calomel or harsh cholagogue medicines. Such remedies, in a milder form, may frequently be necessary in the convalescent stage, but in my opinion are never indicated until after the formidable symptoms of the disease are subdued. I conceive it one of the fatalist and most unpardonable mistakes to ascribe the disease to a derangement of the liver."

Fifteen hundred and three cholera patients were treated by the eclectics in Cincinnati during the epidemic of 1849, with a loss of but sixty-five, four and one-third per cent. There appears to be some little difference here. *Four and one-third per cent under the American Eclectic treatment*, and from thirty to sixty per cent under the old school or allopathic treatment of this disease.

Of the cholera patients treated homœopathically in Europe and elsewhere, the mortality on an average did not exceed *nine per cent.* Now the allopathic opponents to this mode of treatment are generally agreed that homœopathy amounts to just nothing, and, therefore, on their hypothesis, the results of this treatment only shows the natural mortality of the disease, when not interfered with by medical treatment. According then to their own reasoning, may we not hold them responsible for all the deaths that occur beyond the proportion of nine to one hundred? If the mortality of the old school cholera patients, according to statistical evidence, range from thirty to sixty in the hundred, is it not clear that from twenty-one to fifty-one died in consequence of a false system of practice, since the legitimate mortality is but nine per cent?

This is fair reasoning and a just conclusion. It is not the men in the old school of medicine that we are opposing, but the principles on which their treatment is founded. Many of them are men of science, of learning and of industry. For their researches in anatomy, physiology, pathology and the collateral sciences, they deserve the praise of all, and Eclectics should strive to emulate them. Far be it from me to attempt to pluck one laurel from the brow of their well earned wreath of fame. We question not their motives. Many of them have combatted valiantly in the front ranks of their profession against this terrible pestilence, and in some instances have fallen victims in their fruitless efforts to relieve their fellow men. Yet for all this we must look

this thing fairly and squarely in the face. "When the cholera first visited America, in 1832, what was the condition of old school medicine? It prescribed then as it still prescribes for the treatment of cholera, calomel, opium and the lancet. In vain has this terrible disease slaughtered millions in Asia, Europe and America, while old school medicine relied upon such agents. In vain does a vast experience tell us that under the lancet, calomel and opium treatment, one-half of the cholera patients perish. Still calomel, opium and the lancet rule amid the darkness of the schools, and the medical man who dares to reject or denounce their use, does so at the peril of his professional standing. This, gentlemen, you all know to be true, as we have had one instance of it in this very city within the past few weeks.

Treatment.

This will depend upon the stage of the disease and the condition of the patient to whom the physician is called to administer, as there are three distinct stages accompanying this epidemic.

1st. Invasion.

2d. Collapse.

3d. Reaction.

In cholera epidemics, all or nearly all in the infected district will, to a greater or less extent, have an uneasy sensation at the pit of the stomach, with some rumbling pain in the bowels. This may be imaginary, and it doubtless is with some, but nearly all will complain more or less.

The first approach of the enemy is diarrhœa or cholerine, and may be termed the commencement of cholera or the stage of invasion. This diarrhœa may be painless and slight, and the patient is so apt to think that so little ails him, that he can attend to his ordinary vocation or business without detriment to himself. This is a dangerous mistake, and many a person has virtually committed suicide in consequence. This diarrhœa has been called by one "the skirmishing part of the advancing column." Accompanying these symptoms the patient sometimes complains of nausea, with a disposition to vomit. The pulse at this period in the disease is somewhat accelerated, and always oppressed. What now is to be done? The first indication of cure will be to place the patient in a horizontal position. This is imperative, or the collapse stage will come upon him like an avalanche. There must now be placed about the patient hot bricks or bottles filled with hot

water, so as to determine the fluids to the surface, and one tablespoonful of the neutralizing mixture should be administered, adding to it a small quantity of the tincture of xanthuxylum. This must be repeated every fifteen, thirty or sixty minutes, as circumstances require. This treatment, if adopted at the first invasion of the disease, *will arrest it.* Should the bowels at this stage be very loose, it will be necessary to resort to something more active as a *stimulating astringent*, such as the following:

℞

Spirits Camphor
Essence Peppermint
Tincture Rhubarb, *a a* ʒ *i*
Tincture Capsicum
M Tincture Ginger, *a a* ʒ *ii*

All double strength. Of this preparation may be given from thirty to sixty drops in a little sugar and water; to be repeated in half an hour, unless the diarrhœa ceases. Should there be much pain, one ounce of laudanum added to the prescription would be as valuable as an anodyne; but *be careful how you narcotize your patient with opium in any stage of cholera.* This or any similar preparation of an astringent stimulating character at this stage of the disease, is as an anchor to the ship, to hold her while she outrides the gale. But remember, that astringents in epidemic cholera are not curative, but simply palliative; in other words they only hold on to life while *the cure* is being perfected.

In the second stage, that of collapse, the colorless rice-water discharges appear sometimes resembling whey or milk, and always inoderous. Although these discharges are like those of diarrhœa, yet there is no fecal matter in them. There is a decomposition or transmutation of the blood, produced by some unknown agent. The scum or water portion is escaping from the blood vessels into the stomach or bowels, from whence it is thrown out in violent jets or discharges, as if squirted from a syringe. On comparing the blood with the matter found in the intestines of cholera patients, it is manifest that the latter contains all the elements of the blood, except the red globules. The vomiting is usually severe. At first it is but the contents of the stomach, after which its appearance is like whey, water gruel, or albumen. The cramps which set in at this time, are confined to the toes and fingers, but soon spread to the hands, arms and limbs. The patient now complains of a severe burning heat in the stomach,

and he calls loudly for water. This wish must not be gratified, as it will increase all of his bad symptoms. The skin and tongue are cold, yet he complains of heat all over his body. The cramps become severe; the skin is blue; the eyes sink back into their sockets; and the pulse become scarcely perceptible. At this advanced period, the respiration is very slow, still the patient suffers little pain, and presents an appearance of having been dead for some time. The urine is suppressed throughout the whole stage of the disease. The discharges become thinner, and continues so to the end. The fingers and toes look as though they had long been immersed in water. These symptoms last from four to thirty hours, when, if relief has not been obtained, the patient sinks into a calm, and death ensues.

Now one word with reference to the special pathology of cholera, and then will proceed to discuss the treatment of the collapse stage of the disease.

I believe the primary cause of cholera to be, as I have before hinted, a specific injury inflicted on the brain and nerves by means of a peculiar poison, in consequence of which their tone and energy are paralyzed. The serum of the blood escapes into the stomach and intestines, and from thence out of the system.

The reason why death ensues so rapidly in epidemic cholera is, that the increased loss of serum from the bowels produces a corresponding loss of tone and energy of the brain, and consequently an increased paralysis of the resisting powers of the vessels, to which the fluids, in the progress of the disease, determine, and through which they make their escape.

Treatment in the Stage of Collapse.

There is no child's play here. Work must be done; done promptly and done right, or death ensues.

Dr. Wooster Beach, in his report of the treatment of cholera in 1832, says:

"In a word, the leading indication in the cure of cholera, either in the confirmed or collapsed stage, is to *establish reaction*, or in other words, to *promote perspiration*."

In this single sentence, gentlemen, we have the key-note to the cure of cholera.

I take the ground, that there is no cure for the collapse stage of cholera, except by producing a profuse, warm perspiration; and all the energies of the physician and his attendants must be

immediately directed towards accomplishing this result. In cholera, the fluids all have a marked determination to the internal surface. Perspiration reverses this order of things, and directs them to the external. When perspiration is fairly restored and kept up for a suitable length of time, the patient is safe; the extremities become warm, and all the dangerous symptoms cease. The pulse is again perceptible at the wrist; the rice-water discharges are at an end; the vomiting ceases; the cramps leave, and the patient is convalescent. You will now perceive my reason for remarking above, that "astringents only hold on to life while the cure is being perfected." It will be necessary to keep up this perspiration for from 12 to 20 hours. This may be accomplished by the internal use of diapharetics, sudorifics and stimulants. There is philosophy, sound reason and common sense, in this simple mode of treating the cholera. We not only divert the fluids from the internal to the external surface, but compel the absorbent vessels to act. Nourishment is again received into the system, and the serum which the blood has lost is by this physiological action now restored.

The methods for producing this perspiration are various. In a large per cent of cases in this stage of the disease, stimulants will not accomplish it without the aid of external heat. Should I be called to treat a patient in the collapse stage of cholera, if the discharges from the bowels were large and frequent, I would administer at once two or three pills made after the following formula:

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Pulverized Opium,
do Camphora,
do Rhusine, *a a* ʒ *i*

To be made in three grain pills. I would repeat one pill after each passage, unless symptoms of narcotism supervened, in which case I would omit the opium and substitute geranine or kino. I prefer this form of medicine to the fluid form, in this stage of the disease, as it is much more likely to be retained in the stomach. I would then place around the patient hot bricks or bottles of hot water, with an extra blanket covered over him, and give him freely of composition tea, or a saturated solution of the tincture of xunthuxylum laccatum every ten minutes, in alternation with the neutralizing mixture. This I would continue until free perspiration ensued. Should the bowels be obstinately loose before I

had succeeded in restoring perspiration, I would give an enema composed of the prickly ash tincture, starch water and laudanum.

If the patient was suffering from spasms or cramps, I would give a tablespoonful every ten minutes of Hunn's cholera or antispasmodic drops, which is made by dissolving one ounce of each of the oils of cajaput, cloves, peppermint and anise in two ounces of alcohol. I would also apply on the stomach, wrists, calves of the legs and feet, a cataptasm made of equal parts of capsicum and flour, mixed with water, to form a paste. I prefer this to mustard, as it is prompt in its action, and does not produce so much irritation. As soon as reaction is effected, of course they are to be removed. Gum arabic or slippery elm water, or toast water made by toasting stale bakers' bread very brown, and immersing it in cold water, forms a very agreeable and nutritious drink, *after reaction has taken place.* This must not be neglected, for it forms an important part of the cure. The lacteals or absorbents, when perspiration ensues, are compelled to perform their natural functions upon the philosophy of the system, and the blood is thus receiving what it had been deprived of in the second or collapse stage. The food for a few days should consist of Burmuda arrow root, sago, chichen tea and soft toasted bread. Do not disturb the bowels until the third day, when, if not moved, they may be opened by giving a small dose of rhubarb, or an enema of warm water.

It has been frequently asserted by old school physicians, that the "collapse stage of cholera has never yet been cured." Dr. Jordan, physician to the Cincinnati cholera hospital, in his official report, has given us substantial proof of the inaccuracy of this assertion. *Twenty* patients in pulseless collapse are reported, in his short experience, that were restored to health.

The third stage of cholera is that of fever. It readily yields to the usual eclectic remedies. But let me impress on your minds the probabilities of a relapse into the collapse stage, if the patient shall indulge too soon in any dietetic or other irregularities.

I have thus, gentleman, endeavored to give you what I believe to be the philosophy of epidemic cholera, and the only successful mode of cure. The remedies, of course, may be varied in accordance with the judgment of the physician. *But the principles of cure must be kept in view and acted upon, or the patient will die.*

ARTICLE XXXIII.

Selection of remedies. By Wm. Hadley, M. D.

The principal aim of the physician in the treatment of disease is, after ascertaining the character and extent of the difficulty with which he has to contend, to select a proper remedy, one that is adapted to remove the disease. In doing this he is obliged to take into consideration, as far as possible, all the circumstances. In forming his diagnosis therefore, it behooves him to investigate thoroughly, all the varied symptoms which present themselves, particularly if the disease is somewhat obscure, or if there are complications connected with it, rendering it somewhat difficult to ascertain precisely its original character or locality, or probable extent. It is very important to be able to estimate the true value of the phenomena which present themselves, and to judge correctly of the extent of that departure from a normal condition which has resulted in a sufficient derangement of the functions to constitute disease.

We have all felt more or less at a loss to decide which of several prominent symptoms were the leading ones, and which should be more especially relied upon to characterize the complaint.

Sometimes we find a severe cephalalgia, and it often taxes our knowledge and acumen to discover its origin. We are aware of the existence of the difficulty and its location, but what is the proximate or remote cause is not always so easily ascertained.

There may be a disordered state of the primal viæ which might give rise to it; it may have resulted from mental anxiety or disordered mental functions; morbid vigilance may have produced it, a too sudden check of the perspiration; the incipient or incubative stage of eruptive diseases, or an organic lesion of the substance or enveloping membranes of the brain may originate the difficulty; uterine or other troubles of the sex in women may develop it; and among this diversified chaos of possible causes, how important to possess the requisite sagacity to discriminate among the symptoms and select the one which should lead unerringly to the origin or seat of the disturbance which is manifested so remotely. For it would be essential to remove the inciting cause; the locality of the

pain might not always determine the nature or the seat of the difficulty. As for instance in cases of marbus coxarious, the pain manifests itself in the knee-joints, while the diseased action is going on within the acetabulum.

It is customary to classify diseases under general heads, those which have a similarity in appearance, or characteristics in which many of the peculiarities are alike. These classes are again subdivided into individual diseases, and schemes of treatment are prepared and recommended for the disease according to its name, overlooking the fact, apparently, that the disease in one person may require, in many instances, a treatment widely dissimilar from what it would in another. The treatment might vary perhaps as much as the causes that produced the disease. One person might be of a scrofulous temperament, which had developed itself in the lungs, and he be afflicted with all the symptoms of *phthisis pulmonalis*, with wasting cough, debilitating colliquative night sweats, and other concomitant conditions attending this fatal disease. Another might be prostrated with the same difficulty to all appearance, might have symptoms so analagous that no one would dream that they had anything else than a consumption, for each would show the same or similar symptoms, each would have a cough, each a heavy fœtid expectoration, the same attenuation and prostration of the system; while in the one case the origin was from a hereditary or constitutional cause, in the other, from being originally healthy, having a perfect organism and a long-lived primogeniture, the cause of the condition may be altogether mental in its character.

How many have gone to an early grave from blighted hopes, from the lowering clouds of despair that have overshadowed the brightness of their pathway? How many a gentle bright-eyed maiden, just blooming into the freshness and beauty of womanhood, has been disappointed in the object of her affections, darkening the prospects and rosy dreams of her future life, and sank under the disheartening effect into a premature and lamented tomb?

In these cases, although the appearances and the results might be the same, yet how differently would the remedies be chosen for their mitigation or relief? In the one case we should resort to alteratives and tonics, together with such quieting, soothing preparations as should be indicated, while in the other, in addition to tonics and other appliances, we should employ every effort to

arouse the mind and withdraw it from the contemplation of the sorrow that had resulted in such disaster. And if, as sometimes happens, the last object of her concern can be restored to her presence and regard, how soon the symptoms cease, and the frail patient gives token of returning health and bloom, and the beauty that was wasted, the life that was passing away are again restored with the health that had been nearly sacrificed to the influence of the mental upon the physical organization.

Not alone in cases like the above do we need to be careful in the selection of our remedies. We find in many diseases that there is a disturbance in the functions of the liver which requires a prompt remedy to induce it to perform its appropriate action. We consider among the many presented to our notice, which will create the precise influence we desire. One will stimulate it into a violent excitement and cause it to generate, and throw off volumes of its peculiar secretion, which may, by its acrid or vitiated properties, excoriate or inflame the intestinal canal, the effect of which, may not cease till the whole system has felt the influence, and, perhaps, prostration, and serious difficulty may be the result. Another will be mild and gentle in its effect, gradually augmenting the hepatic function till the torpor or engorgement is overcome, and the viscus resumes its natural efforts at little or no expense to the vitality of the other portions of the organism. Between these two extremes there are agents, of all the various grades of power, and our judgment and skill are manifested in adapting the remedy as nearly as possible to the requirements of the disease. In the one example, the exhibition of the active remedy could only be justified by an emergent surrounding, when the danger to be apprehended by a slower process would be paramount to those to be feared by the excessive action of the agency employed. For the exalted action inspired by the violence of the measure resorted to, would be followed by a corresponding depression of its natural efforts, in consequence of the vitality which has been expended during the powerful stimulus which has been excited. And if in these cases we employ an article which, although in many cases it would act mildly and gently, yet in others with violence and dangerously, and in no case can be employed when we can know with certainty what its effect will be, are we justified in resorting to it when we can achieve the desired result with remedies by whose exhibition no disaster can follow.

As Eclectics we profess to use no remedies that in their ordinary use, can give rise to the destruction of life; every one, of course, must be governed by the dictates of his own conscience; for my own part, mine would not hold me guiltless, were I to prescribe an agency, that by some chemical or other transformation might become destructive to human existence. As Eclectics we profess to learn from all, to try and save the wheat from the surrounding chaff, and I think we have learned, or may learn from the homœopaths much in the selection of our remedies according to the symptoms developed in the disease, and not so much depend upon applying a remedy to the name of a disease, which carried out, has a tendency to run into a routine practice, and approximates quackery more than scientific treatment.

In selecting remedies we endeavor to be on the safe side, that is, our aim is to resort to those only which will not impair the vigour of the body, which will not depress the vital forces to an extent that shall be inimical to life, nor those which poison or corrode its tissues, which subvert the vital functions, and pervert rather than promote that harmony and regularity, so essential to a condition of perfect health.

With the most earnest intentions and firm convictions of duty, we have strenuously sought to overthrow many of the dogmas in therapeutics that have taught the necessity of resorting to violent measures in the treatment of the mildest and most easily managed diseases, harsh and uncongenial means have been adopted, which have aggravated rather than ameliorated the malady, till a simple, easily managed complaint has been rendered one of gravity, which if it did not destroy life, at least destroyed the health; and the sufferer has often been an invalid through life in consequence, and filled with a decrepid body a premature grave. We should select our remedies with a view to avoid such unfortunate consequences. In pursuance of that idea, our remedies are selected from the trees of the forest and the plants of the earth, and from those milder minerals whose elements enter into and form a portion of the constituents of the body. And our success in the use of these remedies has begotten in the breasts of our rivals an enmity which has tempted them to throw every obstacle in our way, which has led them to traduce and villify us, to misrepresent and attempt to ostracise us, but by unswervingly pursuing the even tenor of our way, they have seen our good works and attempted to imitate them; they have forsaken many of their evil practices and adopted

many of the remedies that our diligence and researches have sought out and presented to the profession, and, although they have rarely the magnanimity to acknowledge the benefits we have conferred upon them; yet impartial history in the future, will bestow the need of praise where it belongs, and we shall eventually enjoy the advantages which will be conferred upon us as benefactors of mankind by our selection of remedies.

ARTICLE XXXIV.

Address read before the New York Eclectic Medical Society, at Albany, January 1865, by WILLIAM W. HADLEY, M. D.

In all the works of the Great Creator there is none that so challenges the spirit of investigation, that forms a theme of such deep and abiding interest in the mind of man, as man himself. As we study the mechanical principles of his construction, and examine the peculiar fitness and appropriateness of the various portions of his intricate organism, we marvel at the wisdom which superintended, and the power which constructed such a complicated, harmonious, beautiful and living piece of mechanism.

We are delighted with the examination of delicate and perfectly operating machinery. We watch with pleasure its regular movements, its reciprocating actions, its compensating balances; but we observe that every journal must have its fixed point, every interlacing cog must meet its fellow to the nicety of a hair, every standard must inflexibly maintain its position exactly in its appropriate place, or, if a single displacement occurs, there is a crash. and the whole harmony of the beautiful machinery is in a moment destroyed. But the mechanism that fulfills the functions of life in man, may be capable of resisting pressure; he may, indeed, have a portion of his organization crushed, his bones fractured or comminuted, his blood vessels lacerated and removed, and still the operations of life would go on. Man is a living, moving, self-acting machine, possessing within himself the power to fulfill all the functions of his existence.

And then when we contemplate more particularly the different portions of the body, when we examine more minutely its various sections and separate organs, we see how properly they are arranged, and how specially prepared for the particular missions with which they are charged. For instance, the human hand and arm, how deftly its joint at the shoulder where it is attached to the body, is formed? The round head of the humerus fits into a broad and very shallow socket, being held in situ by strong ligaments, which yet allow its motion in almost every direction, fitting it both as a protector to the body and a useful implement in the various arts of life. The forearm, with the hand attached to the

wrist, whose joint is so fashioned that it may be manipulated in any direction, giving the revolving and the lateral motion, either backward or forward, whichever way necessity or inclination may require its use. And the hand itself. How peculiar its form, how beautiful in its outlines, how symmetrical in its appearance? How soft and cushioned the fingers and palm? but to what rare uses may it not be put? What learned philosopher or skilled artisan could have so fashioned an instrument capable of such diversified employment? The thumb, acting as the antagonist lever to the fingers, creates a forceps capable of seizing and holding anything it can retain within its grasp. Without it what would man be? A comparatively useless, incapacitated being. With it he can draw out the soft fibre into the most alternated gossamer thread, or with the lightest touch he can tint and blend the most delicate and beautiful shade; or with sinews of steel he can control the power that drives the mighty palaces of the ocean to the remotest corners of the earth. The hand is a powerful engine in itself, a machine shop, if you please, of the most elaborate and complicated character.

Witness also the machinery employed in the circulatiou of the blood, that propels the crimson stream through all parts of the system, ramifying through every portion of the living tissues, and bearing upon its flood all the variety of organized material necessary to restore the waste which is continually occurring in every part of the body, and returning upon its current the worn-out and effete matter that has served its purpose in the economy of existence, and is thus transported back and conveyed away out of the system, being no longer useful within it. What an important feature of our existence is this transmission of the elements upon which our lives depend to every minute atom which goes to make up and form the aggregate of our organized bodies? Why it is impossible to puncture with the finest point any part of the body without wounding some portion of an artery, vein or capillary. And then the engine that propels this living, moving streamlet, how carefully it is surrounded and protected by the osseous walls of the body that no harm may befall it, no pressure interrupt the regulated synchronism of its movements? When, by its muscular contraction which is constantly transpiring, and without effort, care or consciousness upon our part, it has evacuated its various cavities, with what nicety and accuracy it shuts its delicate valves to prevent the blood from regurgitating back again from whence

it had been thrown? And how important to our very existence that these varied peculiarities of motion, this contraction and expansion of the heart, this synchronous opening and shutting of valves, should be performed with exact regularity, and with a perfect harmony of all its parts? And should ever those tendinous cords, so attenuated as they appear, be broken, or those muscular columns upon which such vital consequences rest, be fractured, how suddenly would the wheels of life stand still, and the immortal principle in man pass over the dark river to its habitation upon the farther shore?

Not less interesting and instructive is it to contemplate the wonderful system by which our blood is purified and regenerated, our bodies reanimated and vitalized through the medium of that intricate viscus, the lungs. How soon we die when we cease to breathe, and the pulsations of the heart cease their motion? We read that God breathed into man's nostrils the breath of life. The air we breathe is vital to our existence. It contains the oxygen that commingles with the carbon of our blood, producing a combustion and generation of caloric which keeps up the elevated temperature of our bodies. As the blood returns along the veins to the heart, it is heavily loaded with carbon, which is dark, and gives the blood a dark appearance. It is also poisonous or destructive to life. It is thrown by the action of the heart into the minute vessels of the lungs, where it comes in contact with the air with which the lungs are filled, and where a portion of the oxygen unites with its carbon, forming carbonic gas, which is given off at every exhalation. This is also a poisonous compound, and would destroy our lives were it not that we had such an abundant supply of fresh air, for Infinite Wisdom has furnished it in bountiful profusion all around us, and we should not, as many do, take such extraordinary pains to exclude it from us.

What benign wisdom and science do we here see displayed in these complicated chemical manipulations, these philosophical transactions? How necessary are all these intricate combinations to our very existence, to say nothing of our health and the enjoyment of life?

But the more we investigate the wonderfully complicated structure of our bodies, the more we discover of its beautiful and harmonious adaptation to the purposes of its being, the more are we lost in amazement at the Supreme Wisdom which has brought

into, and which continues in existence a being "so fearfully and wonderfully made."

And this organized being, this animated existence, this combination of the physical and intellectual, this concentration of humanity and divinity, is subject to those inexorable laws of Nature which forbid that the species shall ever become extinct. The essential organization of those portions of the structure of the human body though beautifully intricate and properly adapted to the purposes they are designed to fulfill; and the laws which more minutely concern and govern the functions of procreation, for obvious reasons cannot be more minutely referred to and described in a paper of this character; we shall, therefore, feel obliged to cover them with the fig leaves of obliviousness, and speak of the wisdom of the Creator in implanting the instinct of perpetuity in man so firmly and ineradicably, that its exercise will be consummated in spite of any opposition or moral obligation, or any restrictive law that can be enacted. By this I mean that the propensity is so inherent, so thoroughly incorporated with the very existence of mankind, that no restraint, no obstacle can be invented by man powerful enough to prevent its indulgence. To be sure, the indiscriminate and miscellaneous exercise of the function, is often carried to excess, and made the means of beastly and disgusting vulgarity. So may any other of our appetites or propensities be perverted from their legitimate uses and employed in the indulgence of the basest desires and passions, but we are well aware that there is a penalty attached to the infraction of the laws of moderation in all these instances, and here is where the services of the physician are required, and his endeavors employed to remedy the effects of its pernicious influence. But what strong inducements mankind do have to make them comply with this requirement of the Almighty, the perpetuation of the race. There is implanted in his bosom a love of offspring, a strong desire to transmit his name and fortune to posterity. He has a great affection for the children of his loins, and his energies are all employed and his life spent in his efforts to render them comfortable and happy. During the period of adolescence, as humanity approaches maturity and the capacity of procreation, Nature decks them out in the most pleasing and ravishing manner; arrays them with those beauties and perfections which render them the most attractive in the eyes of the other sex, and the magnetic influence and the desire to be with each other is such,

that no one has any difficulty in comprehending that the man and his wife are but "one flesh,"and that when God made man, "male and female created he them." With what rapture and pleasure do the young contemplate each other, what beauty and desirableness do they discover in the opposite sex? How have poets voiced the emotions that have entranced the heart of the youthful lover, and sung of the blooming cheeks blended with the blushing rose and spotless lily, the expressive rapturous eyes, and the perfection of symmetrical loveliness that makes resistless the beautiful daughters of the land? Not less entranced are the maidens in regard to the manly and noble Adonises, who represent the positive portions of the race. Either sex is thus clothed in beauty in the eyes of the other for a purpose, and they are arrayed in their most bewildering attractiveness in the spring time of life, as the flowers of the field put on their most gorgeous appearance, and their blossoming petals are variegated in every brilliant shade of color, when the pollen is ready to germinate the fruit of the plant.

The eye, what a wealth of ingenuity and philosophy is displayed in its formation, yet how little do we think of the marvelous wisdom which is shown in it? But we cannot longer contemplate the beauty and perfection which is so abundantly manifested in every isolated part of this admirable being. Our thoughts turn to its invisible inhabitant, to its animating spirit, the soul, whose presence is shadowed by the language of the eye and the expression of the face, and which is the life principle of this whole structure, this admirable piece of mechanism, and from which if it become separated it sinks back into a clod of the valley, and soon returns again to the dust of earth. What a mysterious connection exists between the spiritual and the material? We know they exist together, but can any one tell the point of union, can they solve the mystery that attaches to this and envelopes the whole matter as within a cloud? When they no longer exist together, how soon the body becomes inanimate and dead, and the spirit passes away where we can no longer discern its presence? We, as physicians, are aware of the influence which the mind possesses over the body, and of the effect which the mind will have upon the body. You are all sufficiently familiar with this, and I need not enlarge upon it, each one can doubtless recall scores of instances where a favorable effect upon the mind has materially lessened if not entirely relieved the body from the influence of

disease. With what interest then should we investigate these matters, and make ourselves familiar with the influence of mind upon matter, the immaterial upon the material? One class of medical practitioners depend almost altogether upon this method of curing disease. They satisfy the mind by employing what purports to be medicine in a very minute and attenuated divisibility, at the same time they prescribe the most rigorous and exacting regulations with regard to regimen, exercise and diet; and thus the mind being satisfied, the laws of Nature being followed with strictness, and having faith and confidence in their physician, who wonders at his success, and the many devotees of this branch of the profession? In many cases, in most severe cases, they will doubtless fail, but as a general thing, is it not preferable to the deep drugging and powerfully poisonous system pursued by so many of the physicians at present in practice throughout the world? How many generations have they not poisoned by their deadly noxious drugs? and to what an effeminate condition has the human race been approximating for the last century or so? The life blood has been spilt, the flesh has been excoriated, corroded and destroyed, the bones and muscles have been eaten up, the tissues disorganized and wasted till it has become a marvel in our eyes how such a "harp of a thousand strings could keep in tune so long."

But another system arose, differing from these. From the first mentioned, because it was more energetic and active in relieving the body more speedily from the effects of disease, by assisting nature where she was unable to cope with it to throw it off, and lessen her efforts when she becomes too fiery and excited. From the last it differs, in employing only such safe articles as may be used with impunity, such as cannot injure the tissues or provo deleterious, but which are potent in expelling the last vestiges of disease from the body. "Day unto day uttereth speech, and night unto night showeth knowledge." Year by year intelligence is increased, and in the last half century more vigor has been manifested, and more investigation taken place in the science of treating disease, than apparently during all previous time since the creation of the world.

The science of medicine has too long been in a dormant state; many of its practitioners have too long been satisfied with the teachings of the old masters; they have thought that diseases remained as they were when the more heroic and dangerous drugs

were employed as remedies. Many of them still remain hugging these delusive fallacies to their forlorn bosoms. But diseases have changed; the remedies must be changed; for what were employed as medicines centuries ago, are many of them now not only entirely useless, but others are the most active poisons known in the whole world of chemical science. How foolish, then, to remain stagnated, pursuing the same routine, and following in the ancient footsteps of their predecessors of a former century? Every other science and art is improving day by day; why should there fail to be improvements in medicine? Hear what is said in the works of the celebrated Marshall Hall. "Not merely does the whole history of disease require to be re-written, but it will constantly be requiring a repetition of the same process. Diseases themselves will change; the physiologist will discover new laws of life; the pathologist new principles of morbid action; the chemist new methods of analysis applicable to the causes and products of this action, and each generation of observers will start from a fresh point to accumulate new facts, and arrive at new conclusions. Could any prophecy, or idea, or set of ideas, be more pertinent to the subject than this? And yet we are told that we are innovators—interlopers into the profession; that we have no professional standing among the gentlemanly practitioners of medicine, *par excellence.* I tell you, gentlemen, fellows of this society, these old fogies in the art will, like Rip Van Winkle, wake up some day and find themselves centuries behind the age. Young Physic will have so far outstripped them that they will never again be heard of.

I cannot here enter into all the improvements we as a branch of the profession have introduced into the treatment of disease, the various remedies employed, and the different modes adopted in its treatment; suffice it to say they are numerous, and many of them have been referred to in papers laid before this society, at the present and previous meetings; also in our already voluminous and rapidly accumulating medical literature. And I would say to my medical brethren, as we meet here, that I trust we shall continue to meet as to-day in a reunion of the representatives of that advancing army of men who have nobly fought their way through the many fogs of error, and who now see shimmering forth ahead the glorious lights of eternal truth.

AUXILIARY MEDICAL SOCIETIES.

ARTICLE XXXV.

Eclectic Medical Society of the City of New York—Organization of and report of the First Meeting. By J. A. HENSHALL, M. D., Secretary.

At a meeting of the Eclectic physicians of the city and county of New York, held at the residence of Dr. H. M. Sweet, in the city of New York, on Tuesday evening, Nov. 14th, 1865, for the purpose of organizing a county Eclectic medical society auxiliary to the Eclectic Medical Society of the State of New York, Dr. Elijah Whitney was appointed chairman, and Dr. J. A. Henshall, secretary.

An election of permanent officers for the ensuing year was then held, with the following result:

President—H. M. Sweet, M. D.

Vice-President—Elijah Whitney, M. D.

Treasurer—George Newby, M. D.

Secretary—J. A. Henshall, M. D.

On motion, the president appointed Drs. Newton, Hadley and Hays a committee to prepare a constitution and by-laws.

A constitution and by-laws were then adopted.

On motion of Dr. R. S. Newton, the formidable epidemic, *Cholera*, was chosen as the subject for general discussion at the next regular meeting of the society; on which theme he proceeded to make a few well-timed and forcible remarks.

The society then adjourned, to meet at the same place on the second Wednesday in January, at 7 o'clock, P. M.

J. A. HENSHALL, M. D., *Secretary.*

NEW YORK CITY, *Nov.* 14, 1865.

ARTICLE XXXVI.

Eclectic Medical Society of the Twenty-sixth Senatorial District—Organization and Proceedings of the first meeting. By P. A. JOHNSON, M. D. Recording Secretary.

In pursuance of a call, duly issued, for a convention of Eclectic physicians of the 26th senatorial district of the State of New York, the following named gentlemen assembled at the office of Dr. J. Willson, in Owego, Tioga county, September 12th 1865:

J. Frank, M. D., Owego; J. B. White, M. D., Spencer; F. D. Gridley, M. D., Whitney's Point; J. P. Matthews, M. D., Nichols; P. A. Johnson, M. D. Waverly; J. Willson, M. D., Owego.

Dr. J. Frank was appointed chairman, *pro tem.*, and Dr. P. A. Johnson, Secretary.

The meeting then resolved itself into a committee of the whole, to frame a plan of organization; which being accomplished, the following gentlemen were proposed and elected members of the association:

Dr. Robinson, McLain; Dr. Titus, Union; Dr. White, Ithaca; Dr. S. B. White, Spencer; Dr. J. P. Matthews, Nichols.

A constitution and by-laws were then adopted.

The meeeting now proceeded to the election of permanent officers, with the following result:

President—J. Willson, M. D., Owego.

Vice-President—W. W. Wheaton, M. D., Binghamton.

Recording Secretary—P. A. Johnson, M. D., Waverly.

Corresponding Secretary—F. D. Gridley, M. D., Whitney's Point.

Treasurer—J. Frank, M. D., Owego.

The President appointed Dr. W. W. Wheaton to prepare and read an essay at the next meeting.

The Society then adjourned to meet at Binghamton on the second Tuesday of January, 1866, at 10 A. M.

P. A. JOHNSON, M. D.,
Recording Secretary.

ARTICLE XXXVII.

Eclectic Medical Society of the Twelfth Senatorial District—Organization and Proceedings of the First Meeting. By H. E. FINKLE, M. D., Secretary.

In accordance with a request made by Dr. W. W. Hadley, secretary of the Eclectic Medical Society of the State of New York, Dr. J. A. Martin, of Troy, called a meeting of Eclectic practitioners for the purpose of forming a society in the 12th senatorial district, auxiliary to the Eclectic Medical Society of the State of New York.

The meeting was held at the American House, in the city of Troy, on September 19th, 1865, at 11 A. M.

Dr. C. Flint, of Poestenkill, was elected chairman *pro tem.*, and Dr. H. E. Finkle, of Sandlake, secretary.

Drs. Chase, Finkle and Brown were appointed a committee to nominate permanent officers for the ensuing year. An election was then held, with the following result:

President—C. Flint, M. D., Poestenkill.

Vice-President—J. A. Martin, M. D., Troy.

Recording Secretary—H. E. Finkle, M. D., Sandlake.

Treasurer—D. A. Chase, M. D., Cambridge.

Corresponding Secretary—H. E. Finkle, M. D., Sandlake.

A constitution and by-laws were also adopted.

On motion, it was ordered that the secretary immediately report the proceedings of the meeting to the secretary of the Eclectic Medical Society of the State of New York.

The society then adjourned, to meet at the American House, in the city of Troy, on the first Tuesday in December next, at 10 A. M.

H. E. FINKLE, M. D., *Secretary.*

ANNUAL MEETING OF THE TWELFTH DISTRICT SOCIETY.

SANDLAKE, *June* 8, 1866.

The Eclectic Medical Society of the Twelfth Senatorial District held their annual meeting at the American House, in the city of Troy, on the second Tuesday of May, 1866, at 10 o'clock A. M.

On motion of Dr. Finkle, Dr. J. A. Martin occupied the chair, as president *pro tem.*

The minutes of the last meeting were read by the secretary and accepted, on motion of Dr. Chase.

Dr. Winkle moved that Dr. Chase be authorized to procure printed circulars, to be issued by the secretary two weeks previous to any regular meeting.

Dr. Chase offered the following resolution in relation to printing for the society:

Resolved, That Dr. Winkle be authorized to prepare a pamphlet containing the constitution and by-laws of this society, embodying also its principles, and that said pamphlet shall be presented at the next regular meeting of the society for their approval, and also that Dr. Martin shall act as the assistant of Dr. Finkle, in preparing the above pamphlet for publication.

The society then proceeded to elect officers for the ensuing year, with the following result:

President—Dr. J. A. Martin, Troy.

Vice-President—Dr. Alvin Edson, Greenwich.

Recording Secretary—Dr. H. E. Finkle, Sandlake.

Corresponding Secretary—Dr. C. K. Brown.

Treasurer—Dr. D. A. Chase, of Cambridge.

The treasurer reported that a balance of $10.50 remained in the treasury, subject to draft of the society, and recommended that the society should expend the money on hand for printing.

Drs. Martin and Flint were then chosen as delegates to the State meeting which will be held at the Cooper Institute, New York.

Dr. Brown moved that the society appoint two members to serve as substitutes for Drs. Martin and Flint. Drs. Finkle and Brown were so appointed.

Dr. Brown moved that the delegates to the State convention be instructed to request that the bounds of our society be enlarged by embracing Saratoga county; and that the delegates shall confer with practitioners of Saratoga county before the State meeting shall occur, in relation to the feasibility of such annexation. Adopted.

Dr. Martin requested Dr. Finkle to read his essay "On the Cause and Cure of Cholera."

Dr. Chase moved that Dr. Finkle receive a vote of thanks from this society. Carried.

Dr. Brown moved that Dr. Finkle be requested to make a copy of his essay for the use of the society.

Dr. Edson moved that "schirrus—its cause and cure" shall be discussed at the next regular meeting of the society.

Dr. Finkle offerred as an amendment: *Resolved*, that Dr. Martin be chosen to write an essay on the above subject and deliver the same at our next meeting. Carried.

On motion of Dr. Brown, the society adjourned to meet again at Cambridge Union House, on the second Tuesday of July next, at 10 o'clock A. M.

H. E. FINKLE, M. D., *Secretary.*

REPORT FROM THE SECRETARY OF THE TWELFTH SENATORIAL DISTRICT ECLECTIC MEDICAL SOCIETY.

At a regular meeting of the Twelfth Senatorial District Society of Eclectic Physicians, held at the American House, in Troy, Rensselaer county, February 12, 1867, the meeting was called to order —the president, J. A. Martin, M. D., in the chair.

The minutes of the last meeting were read by the secretary and accepted by the society.

Dr. Chase offered the following resolution, to be presented and acted upon at the yearly meeting of this society, in regard to the exclusion of members:

Resolved, That any member who shall be delinquent in his attendance of the regular meetings of this society for one year, without a reasonable excuse, shall be excluded.

Dr. C. K. Brown moved that one member of this society be appointed to send in, at each regular meeting, a report of some important case in practice, for publication in the American Eclectic Medical Review, of New York.

Dr. Chase moved that Dr. Edson be requested to send in a report of some case in practice for this quarter.

Resolved, That Drs. Martin and Chase be appointed to report a case in practice at the next regular meeting of this society.

Drs. Edson and Finkle read essays on the treatment of chronic rheumatism, with which the society was very much interested. A lively discussion followed by all the members present.

Dr. Edson offered the following resolution:

Resolved, That the secretary of the State society be requested to prepare and publish a pamphlet which shall embody and contain the principles of Eclecticism, for general distribution; and also that this society will take one thousand copies of the same.

Dr. Brown moved that the meeting adjourn, to meet again at the Mansion House, in Troy, on the second Tuesday in May, at 11 o'clock, A. M. Carried.

H. E. FINKLE, M. D.,
Rec. Sec., Sandlake, Rens. Co., N. Y.

ARTICLE XXXVIII.

Organization of the Eclectic Medical Society of the Eighteenth Senatorial District.

In accordance with "An act for the incorporation of the Eclectic Medical Society of the State of New York, and auxiliary local Eclectic Medical Associations." (The first part of the fourth section of said act, reads as follows):

"It shall be lawful for physicians who subscribe to the constitution of the Eclectic Medical Society of the State of New York, to meet together in each of the counties of the State, or in other localities to be specified in their call for such assemblage, and organize medical societies for the county, district or locality in which they reside, subject to the approval and sanction of the aforesaid State Society," &c.

Therefore, in accordance with the above quoted section, and in pursuance of a published call, the friends of medical reform assembled at the American hotel, Watertown, January 11, 1866, for the purpose of organizing an Eclectic Medical Society in the 18th senatorial district.

The meeting then and there organized by appointing Dr. A. B. Harrington, chairman, and Dr. J. W. Sargent, secretary *pro tem.*

The constitution of the State Eclectic Medical Society was then read, approved and signed by those of the profession present.

The chairman then appointed Dr. L. Stanton, Dr. J. H. Cooper and Dr. C. E. Eaton a committee on constitution and by-laws, who after due deliberation and consultation, submitted the following preamble, constitution and by-laws:

PREAMBLE.

Believing as we do, that medical science is susceptible of improvement—that in matters of medicine, the true interest of both physicians and communities require in all cases the adoption and use of the most efficient and safe remedial agents and means, without regard to mere authority or party usages, that it is more especially the duty of the best informed of the profession to aid in the discovery and introduction of such agents and means, to the rejection of others that are comparatively worthless, or posi-

tively injurious; and believing that these ends may be better subserved by some suitable plan of union, we do associate ourselves together for the above worthy purpose, and agree to be governed by the following constitution and by laws:

The preamble was adopted, the constitution was then read, and each article adopted separately.

CONSTITUTION.

Article 1. This association shall be called and known as the Eclectic Medical Society of the 18th senatorial district, auxiliary to the State Eclectic Medical Society of the State of New York.

Article 2. The object shall be to guard the interests and aid in the advancement of true medical science.

Article 3. The officers of this society shall be a president, vice-president, secretary, treasurer, and board of censors, to consist of three members.

Article 4. This society shall hold its annual meetings the second Tuesday in July of each year, and at such place as shall be agreed upon at each previous annual meeting.

Article 5. The officers of this society shall be chosen annually, by ballot.

Article 6. The president shall preside at all meetings of the society, shall call special or semi-annual meetings, shall decide all questions of order, shall appoint all committees, and in case of tie shall give the casting vote.

Article 7. The vice-president shall preside and act as president, in the absence of the president.

Article 8. The secretary shall keep a record of the proceedings at all meetings; shall read the minutes of the meeting last preceding, report any unfinished business, and shall give notice of all special or semi-annual meetings, when such meetings are called by the president.

Article 9. The treasurer shall hold in trust all moneys belonging to said society, and shall report at each regular or annual meeting his expenditure, also the amount in the treasury.

Article 10. It shall be the duty of the board of censors to examine all applicants for license to practice medicine, to whom, if qualified, they shall give a certificate of the same, which certificate shall be signed by the president and secretary.

Article 11. It is expressly understood that this society approve of the use of safe and sanative medicines, and disapproves of the

use of those destructive agents, as the different preparations of mercury, arsenic, antimony, venesection, &c.

Article 12. All applicants for membership shall have graduated at some medical institution, or shall be examined by the board of censors of this society, and if found qualified to practice medicine, then such applicant may be admitted to membership; except any three or more members of the society object; then such objection shall be a bar to the reception of such applicant; all members shall subscribe to the articles of this constitution.

Article 13. This constitution may be altered or amended by the concurrence of two-thirds of the members present, at any annual meeting, notice of said intended alteration or amendment having been given, at the meeting last preceding. A majority of members present at any regular meeting, shall be competent to transact all other business that may come before the society.

BY-LAWS.

Section 1. The president shall decide all questions of order, except when an appeal is made to the society, such appeal to be seconded by at least two members—appoint all committees, unless by special vote of the society it be otherwise directed, and in case of a tie, shall decide by his casting vote.

Section 2. No motion shall be in order while a question is pending, except it be to amend—lay on the table—to indefinitely postpone, or to adjourn.

Section 3. When a motion is made to lay on the table, or adjourn, it shall be decided without debate.

Section 4. The sum of one dollar shall be paid by each person signing the constitution, and becoming a member of this society.

Section 5. It shall be the duty of the treasurer to receive and hold all moneys belonging to said society, and report annually the state of the funds, and pay over the same to his successor in office.

Section 6. Each member of this society shall pay into the treasury annually the sum of one dollar.

Section 7. The members of this society shall hold their annual meeting the second Tuesday of July, in each year.

Section 8. The officers of this society shall, by virtue of their office, constitute a board of directors, to whom shall be intrusted the affairs and general business of the society when it is not in session, and shall continue in office until their successors are chosen.

Section 9. Any member of this society guilty of immoral or vicious conduct or crime, shall be amenable to this body; and if found guilty of such charge or charges preferred against him, then such member shall be liable to expulsion therefrom, by a two-third vote of all the members present at any regular meeting of the society.

The committee on resolutions then presented the following, which were unanimously adopted:

Resolved 1*st.* That the old and new school medical professions perfectly agree, as to the importance of a thorough course of medical education; that it is indispensible to sustain their honor and usefulness.

Resolved, 2*d.* The only essential difference consists in the kind of means employed in the practical part of our honorable profession.

Resolved, 3*d.* That safe, innocent and efficient medicine is of vast importance to the well-being of mankind, and that no other is ever required.

Resolved, 4*th.* That we recognize, with feelings of deep regret and sorrow, that branch of the profession which is embraced in what is now termed old school, using habitually in its practice a great variety of irritant poisons, which in their use have a tendency to greatly aggravate human sufferings, beget disease, cripple the constitution and destroy life.

Resolved, 5*th.* That as unity, among any class or denomination of men, is a safeguard and warrant of strength, we firmly pledge ourselves to support and countenance the acts of each other, so far as the public good will guarantee and sanction, such acts being in accordance with the principles set forth in the constitution and by-laws of this society.

Resolved, 6*th.* That we recognize the great utility of union and social intercourse as the best means for mutual improvement and elevation, as well as personal and public influence; and that we will use every laudable means to build up and sustain a good county reform medical society.

Resolved, 7*th.* That each member of this association be requested to make a minute of rare and marked cases in the practice of all branches of the healing art, and report to this society at each annual meeting, and also the use of all new remedies coming to the knowledge of any, for the mutual benefit of the members, as

well as to save and mitigate human suffering, and add to the common stock of knowledge of the healing art.

The chairman then called for the signing of the constitution, when the following gentlemen came forward and entered their uames and places of residence :

L. Stanton, M. D., Copenhagen, Lewis county.
E. Allen, do do do
C. E. Heaton, M. D., Black River, Jefferson county.
J. A. Rega, M. D., Bellville, Jefferson county.
C. Waful, M. D., Le Ray, Jefferson county.
A. P. Hale, M. D., Adams, Jefferson county.
John Fassett, M. D., Rodman, Jefferson county.
C. C. Hopkins, M. D., Sterlingville, Jefferson county.
J. H. Cooper, M. D., Watertown, Jefferson county.
J. W. Sargent, M. D., Stone Mill, Jefferson county.
A. B. Harrington, M. D., Henderson, Jefferson county.

After the signing of the constitution, the meeting then proceeded to the election of officers, which resulted in the choice of the following named gentlemen, viz. :

L. Stanton, M. D., President; J. H. Cooper, M. D., Vice-President; J. W. Sargent, M. D., Secretary; A. P. Hale, M. D., Treasurer. L. Stanton, M. D.; J. H. Cooper, M. D.; A. P. Hale, M. D., as Censors; and the appointment of J. H. Cooper, M. D., as Corresponding Secretary.

The society then listened, with much interest, to an address by Dr. C. E. Heaton, at the close of which the society tendered him their thanks for the able manner in which he had entertained them. The society then appointed as delegates to represent this society at the next annual meeting of the State Eclectic Medical Society, to be held in June next at New York, C. E. Heaton, M. D.; J. A. Regu, M. D., and A. P. Hale, M. D., with power of substitution in case of their inability to attend said meeting in person.

After discussing various topics pertaining to the welfare of the society and the profession generally, the society then adjourned to meet at the American Hotel, Watertown, on the second Tuesday in July next, at 10 o'clock, A. M.

L. STANTON, M. D., *President.*
J. W. SARGENT, *Secretary.*

WATERTOWN, *Jan.* 11, 1866.

ARTICLE XXXIX.

Eclectic Medical Society of the Thirtieth Senatorial District of the State of New York—Auxiliary to the State Society.

Pursuant to call of Joel Hulbert, met, and organized by appoining Dr. J. Hulbert, president, and Dr. Henry Esten, secretary.

The following constitution and by-laws were adopted, subject to the sanction of the State Society.

CONSTITUTION.

We, whose names are underwritten, believing that the cause of Medical Eclecticism should be more fully understood, and a knowledge of its principles more generally diffused; that these objects can be better accomplished by organized than by individual effort—do agree to form ourselves into a society, to embrace the skill and experience of the Eclectic medical profession within the limits of the counties of Wyoming, Livingston and Allegany.

We distinctly avow to the world our firm conviction that human life is jeopardized and human happiness greatly abridged by the use of antimonials and mercurials, and hence we discard their use altogether, pledging ourselves to the afflicted, who solicit our services, that we will use such remedies only as shall sustain and aid the vital forces of the human constitution.

BY-LAWS.

Article 1. The officers of this Society shall consist of a president, vice-president, three censors, a secretary and a treasurer, to be elected annually.

Article 2. The above officers shall constitute a board for the transaction of business.

Article 3. No person shall be approved by this society as a practitioner who is not well versed in the knowledge of his profession, who is not possessed of general intelligence, and who, as a man, is not entitled to the confidence and respect of his fellowmen.

Article 4. Each member of this society shall seek to promote the prosperity and usefulness of every other member.

Article 5. It shall be the imperative duty of every member to attend each session of the society, and every member failing to

give a good reason for non-attendance shall be censured by the presiding officer.

Article 6. The initiation fee shall be one dollar.

Article 7. The constitution and by-laws may be amended by vote of a majority of the members present at any annual meeting.

Resolved, That Drs. Charles Brown and Joel Hulbert be a committee to call the next meeting.

J. C. HULBERT, M. D., Livonia Centre, *Prest.*
CHARLES BROWN, M. D., East Avon,
HENRY EDSON, M. D., Springwater, *Sec.*

SPRINGWATER, LIVINGSTON Co., N. Y., *Oct.* 17, 1866.

ARTICLE XL.

Eclectic Medical Society of the Thirty-second Senatorial District—Organization and Report of the First Meeting. By M. M. FENNER, M. D., Secretary.

The Eclectic physicians of this district convened, pursuant to call, at the Eastern Hotel, in Dunkirk, on the 15th day of September, 1865, and was called to order at two o'clock, P. M., by Dr. A. P. Parsons. Dr. Parsons addressed some spirited and timely remarks to the meeting on the subject of Eclectic medicine and necessity of organization and co-operative action, and moved the election of Dr. H. C. Taylor, for chairman, and A. S. Davis, for secretary—carried.

The meeting then proceeded to business. A resolution was adopted organizing the physicians present into a corporate body, to be known as The Eclectic Medical Society of the Thirty-second Senatorial District of the State of New York, in accordance with the act of the Legislature, passed April 24, 1865.

Dr. M. M. Fenner, member of the State society, made some remarks with reference to the objects of the society, and moved the appointment of a committee of three to draft constitution and by-laws—carried. The chair announced Drs. Fenner, Rugg and Whitford, as such committee. The committee presented a constitution and by-laws which were unanimously accepted. After some discussion and alterations they were adopted by the society. The constitution fixes the third Wednesday in May, and Dunkirk as the time and place of the annual meeting.

A resolution to proceed to ballot for officers for the unexpired part of the year was carried, which resulted as follows:

President—Dr. H. C. Taylor.

Vice-President—Dr. A. N. Parsons.

Secretary—Dr. M. M. Fenner.

Treasurer—Dr. G. L. Whitford.

The appointments were then made as follows: Orator for the annual meeting—Dr. C. C. Johnson. Essayists for the next regular meeting—Drs. Parsons, Davis and Marsh. Remarks were made by several physicians on the necessity of established rules of professional etiquette, and an equalized tariff for professional services. A resolution to appoint a committee of three to report

a fee bill, at the next meeting was carried. Drs. Parsons, Rugg and Whitford were appointed as such committee.

A letter from Dr. William H. Hadley, of Williamsburgh, secretary of the State society was received, and made a part of the proceedings.

Letters were also received from physicians residing within the district expressive of their sympathy with the cause, and regrets at not being able to attend.

It was resolved that the next meeting be held in Jamestown, on the second Thursday of January, 1866. The society then adjourned.

H. C. TAYLOR, *President.*
M. M. FENNER, *Secretary.*

ARTICLE XLI.

COMMUNICATION.

JAMESTOWN, *June*, 1866.

To the Eclectic Medical Society State of New York,
Cooper Institute, New York City:

Gentlemen—I have the honor to transmit to your secretary credentials accrediting me one of the delegates to represent the Eclectic Medical Society of the thirty-second district in your body. Circumstances of a peculiar character render it impossible for me to reach you on this occasion. I have, therefore, to send unfeigned regrets, together with a sincere wish that your meeting may be a happy one, and productive of substantial and progressive results to our cause.

It will be proper for me to communicate in this connection what I should state could I be present at your meeting. I returned home from the meeting of the organization at Rochester in June last, and immediately entered into correspondence with the reformed physicians of the district in reference to the organization of a district auxiliary society. I found them kindly disposed to such a movement, and ready to lend me the sanction of their names to a circular call for a meeting of organization. The meeting convened at Dunkirk on the 15th of September last, was moderately well attended, and resulted in an efficient organization in conformity to our State laws and our State society regulations. Our *annual meetings* were fixed at *Dunkirk* on the *third Wednesday of May;* regular meetings to be held at such times and places within the district as the society might from time to time elect. The society adjourned to hold its first *regular* meeting in Jamestown, January 11, last. This meeting was well attended. a number of new members were added, and the three essays appointed were read. The society also passed resolutions addressed to Hon. Walter L. Sessions, our Senator, and four Members of the Assembly, asking their co-operation in securing the printing of our transactions, and a copy of these, together with a letter of explanation, was addressed to each of the above named gentleman by the secretary. I have no doubt they had a good

effect, from representations made to me by most of these gentlemen on their return, but too little interest had been awakened in members from other parts of the State to secure a success. The first *annual* meeting held in Dunkirk, May 16th last, was well attended, enlarged by the addition of new members, and important from the value and interest of the matter and discussions brought before the society. New officers were elected, besides the usual appointments. A committee of five were appointed to confer with our new Legislature when elected, and urge our claims to consideration. Our annual address was a scholarly production, and published in one of our county papers. The proceedings of the meeting, embodying the Jordan report to the Cincinnati Board of Health in 1849, on Asiatic Cholera, was published in full in two of our county papers. The society adjourned to meet in regular session next at Gowanda, on the first Tuesday (4th) of September.

I am gratified to be able to report that our practitioners as a class, in this district, are intelligent, reliable, staunch men and good citizens. They are such men as command position and influence in their respective societies. They are, too, well awake to the necessity of organization for mutual benefit and protection, having all felt the need of it. They hail the present State organzation, on a substantial and respectable basis, having New York city as its head, as an omen betokening solid benefit and progress. They are in sympathy heartily with all those men who are the pillars of that society. We number more than thirty active practitioners in our district. About half of this number have already become members of our society. It is safe to say that the influence our branch of the profession is able to command in our district, is second to that of no other medical fraternity. Two of our members, ex-president and vice-president, Drs. H. C. Taylor and A. J. Parsons, both pioneers of our cause, and men of position at home, will be with you to represent us.

I should not omit to mention that important aid has been rendered us in the organization and maintenance of our society, by kindly and timely communications to it by the worthy president and secretary, Drs. B. S. Newton and W. W. Hadley, of the State society. Very respectfully,

M. M. FENNER, M. D.,

Member of State Society and late Sec. Society 32d district.

ARTICLE XLII.

Reform System of Medicine, and the duties we owe to ourselves and the public. Read before the Thirty-second Senate District Eclectic Medical Society. By Geo. C. Whitford, M. D.

MR. PRESIDENT: We have assembled here for the purpose of communicating and receiving information, and I trust that we all feel the responsibility devolved upon us in the practice of the medical profession. I have not had the leisure to prepare a dissertation upon any of the numerous themes which suggest themselves to every physician, but I will endeavor briefly to present to you some general suggestions with regard to our reformed system of practice, the duties we owe to each other as members of the profession, and to society, and to show you that our system of practice, like all things founded in truth and nature, is rapidly growing in public favor. The name of our system of practice is the Eclectic. The word itself suggests at once our freedom and our peculiar mission—to select from all known remedies, no matter where found, no matter with what school they originated, no matter who else use them or who condemns them. We welcome everything that aids us in our humane and saving mission, and we discard all pretended remedies, however strongly sustained by prejudice and antiquity, which, in our judgment, do not aid the patients, or that may seem to give temporary relief by poisoning the very fountains of life and dooming the patient to incurable misery. While the medical profession and attempts to cure disease are as old as the world, and have existed in all barbarous as well as civilized nations, success would seem to have been entirely disproportionate to the great and universal efforts made to combat disease. There has been study enough; learned men have been bewildered by the extent of their investigations, but too often they have been looking abroad for some wonderful panacea, and have neglected the use of the simple and effective remedies which nature has provided and scattered in the fields and the forests, something farfetched and elaborated has seemed to them to contain marvelous healing virtues, and if successful in curing a single form of disease, they have claimed it as a remedy for every ill flesh is heir to.

Schools of medical practitioners have combined together; they have procured laws defending and protecting them in their prerogatives, and they have endeavored, by persecution, by ridicule, by legal penalties, to deprive all who would not bow to their dogmas, and, as we may almost say, murder men according to their systems, from practicing the healing art. Every new remedy has been treated by them with contempt, and has had to fight its way into their favor. Reform has commenced, not with the learned, but with the masses of the people, and has gained strength until the medical profession has been compelled to adopt it. If a member of the profession has ventured to depart so far from the rules as to try a new remedy, he has been persecuted or driven from its ranks in disgrace. It must not be forgotten that the discovery by Jenner of vaccination for small pox, which has saved the human family from a wasting and perpetual pestilence, was scouted at by the profession, until the millions whose lives it had saved became overwhelming testimony in its favor. Now that ridiculed discovery goes down as a boon, a protection and a blessing to all the coming ages.

Harvey's wonderful discovery of the circulation of the blood was not accepted by the medical profession of his time, notwithstanding that he demonstrated it as clearly as he could the course of rivers upon a map. The spirit of the allopathic branch of medical practice is as illiberal and as intolerant with many to-day, as it was in the days of Jenner or Harvey. But, thank God, it has been shorn of its power. It no longer controls legislation or the press, and the growing intelligence of the masses of the people.

The greater success of our system, when it has free competition, threaten to destroy or radically reform the old practice. We have only to see the change we have already wrought in it to be able to comprehend the extent of our triumphs thus far, and to be assured that victory will ultimately rest upon our banners. We can all remember when the lancet was the main implement of the profession, when bleeding was a sort of universal remedy for every form of disease; when the theory seemed to be that health was promoted and disease overcome by diminishing the life current that flowed through the system. As an aid to the lancet, that mineral poison, calomel, was resorted to. Consumption and wasting fevers were aided in their work by reduction and depletion.

Patients burning with fever called for a drop of cold water as piteously and as vainly as did the rich man who had in his pros-

perity denied Lazarus the crumbs which fell from his table. The sword, the musket, the cannon, and all the engineering of war, have not in past ages been more destructive to human life, than the above agents in the hands of practitioners, who considered them to be the sovereign remedy for every form of weakness and disease. What a change in the curative agent has taken place within our remembrance. The lancet and calomel are to a great extent discarded even by the allopathic practice, and they have at last discovered that cold water agrees with a patient dying from the thirst of fever better than any of their mineral poisons.

I assume that there can be no form, no complication of disease in which we cannot, by the use of our recognized remedies, produce better temporary as well as lasting effects than can be produced by mercury in any form; and aside from this, we will not leave a fatal poison in the system to war with health and life until the patient finds rest in the grave. It is not in accordance with the providential care and benevolence of the Creator to suppose that he has buried in the darknesses of mines the means of alleviating suffering and curing the diseases incident to humanity. There is no desirable effect that can be produced upon the human system—I care not in what simple or complex forms disease may come—that we cannot produce by remedies drawn from the vegetable kingdom. Chemistry is year by year enlarging our resources, and revealing more fully the curative qualities of various species of plants and roots and herbs. It is not only doing this, but it is becoming more effective in its means of extracting the healing properties from all their sources, and putting them in the pure and concentrated forms in which they are best administered to patients. We have means enough at hand for our purposes if we learn to use them with skill and judgment. All our time not used in the active labors of our profession should be employed in systematic study. We have grave and solemn responsibilities to discharge. Life itself is committed to our keeping, and if it is lost by our not having knowledge which we could have attained by industry, we are the most culpable of men; the stain of innocent blood is upon our garments. If we are not willing to endure a life of toil and hardship, let us retire from the profession and labor in some easier calling, where the effects of any blunder will not be as serious as to ignorantly tamper with human life. We have to aid us not only our own experience and observation, but books which embody all human learning and the fruits of thousands of years of research.

We have also the aid of this organization, at whose call we assemble to communicate to each other the results of our efforts and experience; and as brothers engaged in a high and holy calling, to take counsel together and to strengthen each other. In one respect our meetings are more valuable than the teachings of books which only lay down universal rules to be observed. Everywhere as we practice in the same region of country, come in contact with the peculiar forms of disease of that region, many of which have a peculiar local character and any knowledge acquired by any of us that has a high practical value, let us all be not only ready to communicate to our brethren, but let us also be ready to receive instruction from them, and let no pride of opinion prevent any of us from pursuing the better way in the treatment of disease, no matter who first discovers that way.

There is one thing I am prompted to say, not only from my individual experience, but from my observations of the practice of others. It is this: that we do not in prescribing for the sick always study carefully enough the habits, the temperaments, the constitution of the particular patient we have in hand, and modify our remedies by those conditions. We practice too much upon general principles.

I am strengthened in this conclusion by my practice from year to year, and I think if we all resolve to be more careful in our investigations of constitutional peculiarities we shall be rewarded by a larger measure of success in practice. We have to come in contact with other schools of practice, who are unwilling to recognize us as members of the medical profession, and who pursue us in professional and even in social life with a malignity which increases with our success. I feel for one, no disposition to retaliate; let us be diligent in our calling, faithful to our high trust, and let the success of our practice be our only answer to our enemies.

This is peculiarly a period in which the human mind is free, and is forgetting old prejudices and casting off old errors. Everything now must live upon its own merits or pass away. I feel an abiding confidence, that in a fair field, error never did and never can triumph over truth; sooner or later, community will discover what system of medical practice kills, and what cures, and as certain as man loves life they will adopt that practice which promises to preserve it. Our complete triumph over old prejudices, over

wealthy and powerful organizations fostered by the State, cannot be achieved in a day. It is the work of years, I had almost said ages, but when I see how our system of practice is spreading, when I hear from all quarters the marvels of our success, I feel encouraged. Progress in the last few years is faster than I had dared to hope; we have now a fair field; we have truth and nature for our allies; we have an increased public confidence to aid us. Ours is no holiday business, it is work by day and by night; it is responsibility we cannot throw off; it is investigation in everything pertaining to man and to nature. No natural ability, no quickness of perception can relieve us from the necessity of severe, unremitting study. Let us exercise our common sense in the application of remedies; let us treat any discovery which we make in treating disease, not as our property to be used selfishly, but as something that belongs to the profession. Above all, let us distinguish our practice by its humanity; let us feel that it is our highest duty to minister to the suffering, even if they can offer us no pecuniary reward. I do not anywhere know a more devoted, humane and able body of practitioners than we have in western New York. We are enlarging the sphere of our usefulness more rapidly than ever before. Do we not all feel the advantages of this association at every meeting? Let it be perpetual. Whenever these meetings are called, whether annually or semi-annually, let us consider it an imperative duty to attend and to contribute our utmost to make them agreeable and profitable.

ARTICLE XLIII.

Chronic Peritonitis.—Read before the Thirty-second Senate District Eclectic Medical Society, Jamestown, January 11, 1866. By N. F. MARSH, M. D.

Mr. President, and Gentlemen of this Association:

Having of late met with two or three cases of chronic peritonitis, that gave me considerable trouble, on account of their obstinacy, I have been induced to take this as my subject.

It may be well, however, first, to partially consider the anatomy and location of the peritoneum, that we may thereby the better understand its liability to become diseased.

The peritoneum is a serous membrane, and, therefore, a shut sac, consisting of two layers, an external or areolo-fibrous layer, and an internal or epithelial layer.

The simplest idea that can be given of a serous membrane, which may apply equally to all is, that it invests the viscus or viscera, and is then reflected upon the parietes of the containing cavity.

If the cavity contain only a single viscus, the consideration of the serous membrane becomes extremely simple. But in the abdomen, where there are a number of viscera, the serous membrane passes from one to the other, until it has invested the whole before it is reflected back upon the parietes. Hence, its reflections become more complicated. I shall not in this paper attempt to trace the peritoneum through all its reflections, but simply say, that it contains within its reflections, the liver, stomach, small intestines, and all the pelvic viscera. From the great complication of its reflections, it becomes extremely liable to become diseased. It may, and frequently does become inflamed from disease of the viscus contained in its reflections. Hence, its liability to inflammation, especially chronic.

It would seem to be quite in order to notice acute peritonitis first, if we regard the chronic as an effect or rather a continuation of the acute, as in many instances it is; or even if we could suppose, that in those cases of gradual formation, the difference between them was only in time and intensity of symptoms, all of which may also be true in many cases to a certain extent; but there are yet other cases, and, in my opinion, the most numerous

too in which there is a new and important element in their pathological features, by which they may be distinguished from those of simple, acute peritonitis. I refer now to tuberculous or scrofulous deposits on the peritoneum.

Except what can be learned from our knowledge of prior diseases and the constitution and temperament of the patient, we are not able at all times to pronounce from the symptoms whether we have before us a case of simple or of tuberculous inflammation of the peritoneum. Still, much may be learned from a study of the previous health and habits of the patient.

I have been led to conclude that chronic peritonitis is not a complaint of very uncommon occurrence, for it is encountered much more frequently than the acute, and the former presents itself oftener as a primary affection of gradual approach than as a sequel to the latter. I may also repeat the remark that this chronic inflammation of the peritoneum is complicated for the most part with tubercles, or scrofulous deposits, and occasionally with cancerous tumors of the abdomen. I once saw a case of a lady in Ohio that I pronounced chronic peritonitis, with cancerous tumors of the abdomen. I had not in this case the privilege of an examination after death, but I had no doubt that the scalpel would have sustained my diagnosis.

The early symptoms often fail to attract the attention either of the patient himself or of his friends, and quite frequently when his health becomes so impaired that he applies for medical aid, his physician is led to mistake his symptoms for those of common dyspepsia, or a temporary disturbance of the alimentary canal, which will either disappear by time, or be relieved by some slight remedies, such as aromatics, chalk mixtures, &c.

The first symptoms are obtuse, sometimes slight, pricking pains of the abdomen, which may last for a few days, then disappear for a period, to return again in the same manner. Colic and alternation of diarrhœa and constipation, are frequently met with, and difficult digestion, succeeded finally by languor, wasting of the flesh, loss of strength and unhealthy hue of the skin. Anæmia and symptoms of functional derangement of heart are frequently met with. A case recently came under my notice where these last symptoms were prominent.

In many instances there is no complaint of pain; the patient merely speaks of a feeling of distention, with a variable appetite and irregular bowels, and at the same time he becomes gradually emaciated. In other cases again, there has been no pain, but a

feeling of tenderness, which gave rise to uneasiness upon pressure, or when any part of the dress was tight over the abdomen. Sometimes the pain is referred to a particular part, and sometimes it is extended over the whole of the abdomen. In a patient recently under treatment, he complained of pain commencing in the lower part of the abdomen and extending to the stomach, with fullness and tenderness upon pressure. Febrile excitement of a hectic character is common, but far from being universal in chronic peritonitis.

As far as my experience goes, but little can be inferred from the pulse; I have in some cases found it to be natural, in others to impart a slight vibration to the finger, and again in others, very small and compressible. Indeed, I have seen all these variations in the same case, and in no case have I found the pulse to be uniform. In most cases, however, it is increased in frequency.

In a majority of those afflicted with chronic peritonitis, we find nausea and frequent vomiting of dark green matter.

The tongue is usually white, sometimes loaded, and in more advanced stages it is sometimes of a red color and somewhat glazed. The stools are green, slimy or fetid; but when the disease has progressed for six weeks or two months, they will be found to consist of a whitish or whitish-brown matter. The expression of countenance is somewhat similar to that in the acute form. The extremities are cold and sometimes affected with œdema. Sciatica of an obstinate nature has been noticed by some writers. Nearly all the cases that have come under my observation have been persons of a scrofulous diathesis, and I had reason to suspect tuberculous deposits.

A case of this character recently came under my notice. Mr. B——, of E——, aged about forty, was taken, in June last, with colic pains in abdomen, extending to the stomach. These pains seemed to be periodical, coming on every afternoon and wearing off towards morning. I was called some four or five days after he began to feel them, and found him in the following condition: pulse about eighty and rather feeble; tongue slightly coated, whitish with slight redness at tip, slightly pointed; countenance contracted; extremities cold, with large drops of sweat standing upon the forehead when feeling the pain; there was no tenderness of abdomen, but a sensation of fullness, with hardness around the umbilical region. The man stated that he had supposed himself attacked with bilious colic, and had taken the usual remedies with-

out finding relief. I ordered mustard to the abdomen and two drops of tincture of aconite every hour, to control the fever. Dioscorin, 16 grains; podophyllin, 2 grains; diaphoretic powder, 16 grains; mix and divide into eight powders, one to be given every three hours, to move the bowels and relieve pain. I visited him on the following day, and found him much relieved, pain entirely subsided and bowels soft, he being able to sit up and walk around; prescribed neutralizing cordial, with leptandrin and hydrastin, supposing that the man would be able to attend to his usual employment in two or three days; but was disappointed by being recalled in thirty-six hours, and found the pain returned again, with distension of abdomen and every appearance of flatulent colic. I ordered hot fomentations to abdomen and gave Hunn's Life Drops, ten drops, in warm water, every half hour until pain was relieved; also an enema composed of

Castor oil, ℥iij
Tincture of Asafœtida, ℥i
Oil of Turpentine, ℥ss
Warm water, ℥iiij

the whole to be injected at one time. This relieved the pain, tenderness and distension of bowels almost immediately, which, however, would return again every afternoon in the same manner.

After continuing the above treatment for three or four days, with no benefit except temporary relief, I gave the following:

Sulphate of quinine, grains xx.
Dioscorine, grains xxx.
Sulphate of morphia, v.

Mixed and made into pills twenty; one to be given every four hours. This broke the periodicity and relieved the pain. I then repeated the prescription, directing him to take one three times a day until the whole were taken, under which he improved rapidly.

Some three weeks later I was again called to see the same patient—he stating that the day previous he was drenched with rain, had taken cold, and the pain had again returned. I gave aconite and gelsemin to control the fever, and the pills of quinine, dioscorine, and morphia to relieve the pain. On visiting him the next day, I found that the pain was not relieved; the tongue was coated white and loaded, attended with nausea and frequent vomiting of dark green matter. I now became convinced that I had a case of chronic peritonitis. I accordingly gave an emetic, followed with: Podaphyllia, grains 2; leptrandin, grains 3; xanthoxyli,

grains 31; white sugar, grains 30; triturate, and divide into eight powders—one to be given every two hours until free catharsis was produced, after which I continued the pills as before, with the addition of iron by hydrogen, and applied counter irritants to the abdomen. Under this treatment, I again found my patient improving rapidly. I next gave compound syrup of stillingia and iodide of potassium as a general alterative, alternating with hypophosphite of iron and lime, combined with quinine.

This man gained in strength for a time, but got no steady appetite; tongue continued slightly coated, and emaciation went gradually on. This condition lasted for three or four weeks, when his strength began to fail more rapidly; he lost his appetite and fell into a complete anæmic condition. I being at this time sick with fever, another physician was called upon, who treated him for general debility, anæmia, heart disease, tuberculated lungs, &c.; called learned counsel with no more light, or no better results in the case. The man continued to decline, and in two months died—having suffered no pain from the time I last saw him until twelve hours before death, when he had a severe neuralgic pain in the head, with tenderness and uneasiness on the hypogastric region. The neuralgic pain lasted five or six hours, when it ceased, and he quietly sunk in death.

I was called to assist in the post-mortem examination, and found the liver, lungs, and heart healthy, with the exception of perhaps a slight deposit of fatty matter around the ventricles of the heart. The stomach showed no traces of inflammation, and, to all appearance, was perfectly healthy. Small intestines slightly contracted—otherwise exhibiting no traces of inflammation. There were no adhesion of the peritoneum that I discovered; in many places it seemed somewhat thinner than natural. The lesser omentum beneath and behind the liver was covered thickly with small tubercles—some of which had softened and were in a state of ulceration. I saw no tubercles larger than a small pea.

The greater omentum had a few tubercles upon its anterior surface over the region of the transverse colon; but anterior to, and beneath the left kidney, they were more numerous and conglomerated together, forming quite large ulcers; also in the left iliac region. The kidneys and bladder were, to all appearances, in a normal condition.

ARTICLE XLIV.

Apocynum. Read before the Thirty-second District Eclectic Medical Society, January, 1867, by H. C. TAYLOR, M. D.

Mr. President and Gentlemen:

It would be an easy matter gentlemen, for me to say to you that Apocynum, or the two species of it that we are to consider, possessed certain properties, and that administered thus and thus in particular diseases, particular results would follow. But were I to undertake to give you the particular manner by which the remedy produced its influence on the human organism, it would not be so easy a task, and yet this, in a certain sense, in regard to these agents, has been my particular study; and my investigations have been made for the sole purpose of determining this one fact, as far as we are permitted to know it. As yet I am unable to come to any very definite result. It would be easy also for me to say that it was my belief that the human organism under certain forms of disease, was wrought upon by these agents in certain definite, particular and peculiar manners or ways. But that I should be entirely correct in my belief, or that I should at all approximate the truth, is certainly problematical. This expression of my belief is nearly all that I shall attempt in this article. Further investigation is necessary to determine the rational of influence, and I shall hope that hereafter it will be the task of some of you gentlemen, better qualified than myself, and better understanding the special influence of agents upon the tissues of the human system to elucidate the facts in the case, and lay before this association in a clear, concise and logical form, the properties, the general and particular entities of the curative principles, and the manner they dispose to healthy action of these remedial agents.

If I remember correctly, there are seventeen species of the genus Apocynum. But two of these, however, have found a place in our materia medica. With the medical properties of the other fifteen species, I am entirely unacquainted. The properties of the two under consideration and their influence in diseased action are not, perhaps, dissimilar, though in respect to the force of some of them there undoubtedly is a difference; but I shall speak of them as the same.

According to a chemical analysis made by Dr. Griscom, the root of both species contains tannin, gallic acid, gum, resin, wax, fecula, coloring matter, lignin, extractive, and the bitter active medicinal principle apocynin. All these principles except the last, seem to have but very little influence upon the system medicinally. They seem to have been but the necessary accompanying influences in the part of nature, in producing the true principle, as certain things aside from the germ are necessary in producing and perfecting the human species. They are but the surroundings of nature for the production of a definite principle. After the elimination of apocynin from this conflex mass, what have we? We have an agent, according to Dr. Knapp, that is capable of producing very energetic influences upon the human system. It is tonic, alterative powerful emeto-cathartic, diaphoretic and expectorant, tending to produce sleep independent of the exhaustion consequent upon vomiting. The evacuations brought on by it are large, feculent, watery, and are succeeded by perspiration. It is a most powerful hydragogue cathartic and diuretic. On account of these last named properties, Dr. Rush calls it the *vegetable trocar*. It is suited more particularly to cases of tonic dropsies, it being too active for cases of an atenic character. In speaking of these articles Dr. Grover Coe, State of New York, says, it is alterative, tonic, aperient, diuretic, detergent, deobstruent, emetic, diaphoretic, and anthelmintic, and claims that it is a superior remedy in dropsy, dyspepsia, scrofula, rheumatism, consumption, atonic conditions of the stomach, kidneys and lacteal vessels, and an unparalleled remedy in the convalescing stages of fevers of a typhoid grade, an excellent remedy in dysentery, and may be used in other forms of acute disease. He is of the opinion that it is effectual in destroying the ascaris vermicularis.

Prof. King says that these agents are emeto-cathartic, particularly the A. cannabinum, diaphoretic, tonic, laxative and diuretic, and says, what I have already stated, that their effects are not equal, more particularly as a diuretic. In some their influence is very marked, in others less so.

Prof. L. E. Jones says that these agents are emeto-cathartic, expectorant, diaphoretic, diuretic, alterative, tonic and errhine. In full doses, they cause nausea, with a reduction of the pulse and a tendency to sleep, afterwards vomiting, succeeded by large watery discharges from the bowels, with general prostration. The drow-

siness and reduction of the pulse do not seem to depend upon the exhaustion which follows from vomiting.

Dr. Payne, of Philadelphia, says that the apocynin andr. is diuretic, emetic and anthelminitic, and may be used in dropsies, dyspepsia, constipation, diabetes, for worms, congestion of the uterus, and in scrofula; and of the apocynin cannabinum, it is hydro-cathartic, diuretic and nervine, and is used in dropsies, liver complaints, bronchitis, scrofula, and is almost a specific for neuralgia. He says again, that it is a specific for neuralgia and lung affections, and the apocynum andra. semi-folium is an antidote to syphilis.

Dr. Kost says that the bark of the root of these two articles is an excitant, laxative, bitter tonic, strengthening the digestive organs and regulating the bowels, and is highly useful in dyspepsia, liver complaints, intermittents, jaundice, etc. It is useful in syphilis. In large doses it proves emetic and actively cathartic.

Were it at all suited to my purpose, I might continue to quote. All attribute to these two agents properties almost identical with those I have enumerated. Scarcely an article in the whole materia medica has a better record, or one that the practitioner would be less willing to dispense with after once becoming well acquainted with its use. I consider it among the most valuable of all our medical agents. Take the whole catalogue of mercurial agents and place them in as many forms as the ingenuity of the chemist may invent, and with the bark of these two species of apocynum and their active principle, apocynin, judiciously and skillfully administered, more may be done for suffering humanity than with them all. They will sweep the whole range of mercury, and without a deleterious influence. They are capable of producing the effects claimed for it under all favorable circumstances, and will reach very many cases, particularly tonic dropsies, beyond the reach of other remedies.

Allow me again to enumerate the properties of these agents, and in my own form and as I have tested them: emetic, cathartic, diuretic, diaphoretic, tonic, alterative, aperient, deobstruent, anthelminitic, expectorant and errhine. Whether they have sedative and hypnotic properties, I am not able fully to decide; of the others there is no doubt. I will speak of them in detail and, as I proceed, ask your especial attention.

1st.—Emetic. I have stated that I had wished to determine the particular reason why medical agents, and those under consideration in particular, produced certain effects upon the various por-

tions of the human system, and thereby be the better able to determine wherein they produce curative influences. Of course, I could not hope to solve the problem effectually, but I did hope to approach the point, in regard to these articles, a little nearer than had been approached by others. But, like others, I was compelled to stay my efforts and confess that there is, in regard to this subject, a limit. We know that certain agents, when taken into the system, pass to the bowels, others to the kidneys, others to the liver, others to the skin, and others to other organs, and that these organs eliminate them from the system in their own peculiar way, but the definite cause of this must remain a mystery as long as man remains finite.

The apocynum is emetic in large doses, and, I believe, produces its influence in three ways: 1st. By its irritant influence upon the mucous membrane and sentient extremities of the nerves of the stomach. 2d. By being absorbed into the blood, and producing its effects upon the nerve centers; and, 3d. By its especial affinity for the mucous membrane of the stomach, thus influencing the sensorium through the medium of the par vagum or pneumogastric nerve. Taking into account its persistency of action, and its far-reaching influences, in connection with these three properties, we may see its value in all cases where an emetic is indicated—i. e. in all cases of a tonic character—for evacuating the stomach, as a relaxant in febrile diseases of an inflammatory or synochial grade, intermittent, remittent and all forms of bilious fevers. It is particularly indicated in dropsies. It gives a shock to the nervous system, and not unfrequently breaks, in such cases, the chain of pathological associations, and sets up a new action that forms the elimination of the effusion from the system, and allows of the favorable action of other remedies, and this in advance of all other remedies, from the fact, as I have stated before, of its persistent and far-reaching influence. I would not, however, administer it in doses to produce emesis in dropsies, except in cases where the pathological associations were such that the full influence of the remedy, or of other remedies, could not be obtained in other ways or in other forms of administration. The action of the remedy as an emetic is comparatively mild, yet efficient, and probably no other emetic has a more complete or controlling influence over the whole system, reaching and stimulating the remotest tissues of the body, or that eliminates from the system a larger amount of morbific material than this. On account of its persistency and

far-reaching effects, it is not adapted to general use as an emetic, but more particularly in cases where the morbid associations are such that a remedy of this class is needed to treat them.

In speaking of its persistency, I do not mean that the effect to produce *vomiting* is long continued, but its after effect, reaching a point little short of vomiting. The prostration, also, from vomiting and its after effects, is not in proportion to the persistency of action, but the system maintains, in a remarkable degree, its integrity for strength and vigor through its whole influence.

2. Cathartic.—If apocynin be given as an emetic, it rarely fails of producing a cathartic influence also, this cathartic influence being secondary. Smaller doses, however, are necessary, usually three, to produce emesis. I know of no cathartic that acts so efficiently and at the same time leaves the bowels in as soluable a condition, that reduces the vitai force or vigor of the alimentary canal less. I am of the opinion that, as in the case of emetics, its influence is three-fold, or produced first by direct irritation of the intestinal tube; second, by absorption into the blood, and, having a special affinity for the intestinal tube, it is excited through it, and stimulates it to increased action; and, third, by causing an endosmosis from the capiliaries to the alimentary canal, and causing distension, a consequent further irritation and free evacuation. Therein consists its greatest value—the power of stimulation, in some peculiar and unknown manner, and in a manner peculiar to itself, and different from any other agent, the whole system, causing an action in the capillary system, and an unloading of these vessels and the deposition of their contents in the intestinal tube. It has the power of quickening the absorbent system, and dissolving that gelatinous material we sometimes find in the capillaries, and also in some of the larger *cavities* of the trunk, and particularly in female dropsical patients. I do not care to speak of this agent as a cathartic in any other cases than tonic dropsies, for herein consists its greatest value. It, however, enters into the composition of various cathartic pills and powders, and is the particular property that gives them their special notoriety and good influence. Let me speak of its action in cases of dropsy and all cases of engorgement of the system. I think Meckel has shown that the mucus surface of the intestinal canal has an area of 1400 square inches, and that this whole surface, or nearly so, is very closely covered with a glandular apparatus. Of course, from this whole surface secretion and excretion is constantly going on. Of this

immense glandular system very little is definitely known; but this much is certain, a very large portion of the fecal matter thrown off by the system is eliminated from the blood by some portion of it. According to the investigations of physiologists, this fecal matter is not the wastes of digestion, but is formed of the nitrogenized tissues of the body, worn out and thrown off from the system. Understanding this and keeping in mind the three ways that we suppose this article produces the cathartic effect, it will be easy to see and understand the manner this agent eliminates the extensive effusions that often take place in the human system. 1st. It stimulates this very extensive glandular apparatus to increased action, and thus eliminates from the blood the products of disintegration and decay, and, if the action is continued long enough, it acts as a depletant, lessening the quantity of blood. Here we see the direct action of the agent upon the mucous surfaces, and the extensive glandular surface spoken of, answering to the first form of cathartics or irritants. 2d. It is absorbed into the blood, and, having a special affinity for the intestinal tube, as before spoken of, it is excreted by it, and thus adds its influence in stimulating it to action; and not only this, but, as has been before stated, stimulating the capillaries and dissolving the gelatinous material very often found in a certain class of patients, before spoken of; thus an endosmosis occurs in the third place, in a manner and to an extent brought about by no other agent.

3. It is laxative. This term is but a sub-division of cathartic. As a laxative, it is superior to any other agent yet brought to my notice, acting differently in this, that while given in small doses, to produce a laxative influence, a portion of it is absorbed, and thus produces an alterative influence; and further, the lacteals, as I believe, do not, as in certain other things reject it, but take it up very readily, and thus, much of it reaches the circulation, and consequently the whole glandular system—the lungs, the capillary and exhalent vessels, affecting the kidneys particularly and in a very efficient manner. Here we have the agent as a laxative, alterative, expectorant and diuretic.

4. Its influence upon the kidneys as a diuretic, I believe to be direct and indirect, and as in other respects and in regard to other properties, its influence is long continued. Hence, its usefulness in many forms of disease. The kidneys perform two functions: first, removing any excess of water from the blood, and second,

as in the case of the extensive glandular system spread out in the mucus membrane of the intestinal tube, removes from the blood nitrogenized matter, the product of the waste of the tissues, which if retained in the system, would most certainly produce disease and death. Hence, the necessity of this class of medical agents. The apocynum, I believe, is not, strictly speaking, a diuretic, for none are justly entitled to be placed in that class but those that act firstly and only upon the kidneys. Although it may not exert a chemical influence upon dead animal matter in the system, I believe, as says an eminent author, that it not only stimulates the proper secretory apparatus of the kidneys, but increases the metamorphosis of tissue within the body; and let me add, it does not increase the *solid constituents* of the urine, but leaves it with worn out effete matter; thus it acts not only as a renal hydragogue, but as a renal diffusant. Here again, we may see the very great utility of the remedy in various forms of disease, as in diseases of a febrile and inflammatory character, when it diminishes the amount of serum, consequently lessening vascular repletion; but more particularly in diseases of a chronic character and in dropsies. In all these cases it not only acts as a diuretic, but as I have before hinted, it acts as an alterative of no ordinary power, its tonic property coming in here as co-ordinate, improving the digestion and giving tone and vigor to the whole system. I have said that I believe its influence upon the kidneys to be direct and indirect. Although I may repeat, to a certain degree, what I have already said, let me say to you now what I mean by these terms, and then I will pass on, for my space is already full. First, Dr. Jones says that its action is direct, by being absorbed into the circulation and producing its influence upon the secernent structure of the kidneys, and second, let me add, it acts as a diuretic, and in a certain sense, produces an increased deposit of effete or waste material in the blood, and thus forces the kidneys to take a vicarious action and eliminate material *from* the blood not within their legitimate sphere.

What has been said in regard to the action of this agent as an emetic, cathartic and diuretic, sufficiently demonstrates its right to a place in the list of deobstruents. I need not, therefore, use any time upon this, but will pass on.

I am of the opinion that this agent is, to a certain degree, anthelmintic, and this, for the same reason that I have already given, action being continued and far-reaching. I am of the opinion that

it will and does act as a prophylactic, in a certain sense, by dissolving the intestinal mucus upon which the worm exists and removing it from the system. Both the lumbrici and ascarides are supposed to shield themselves in this mucus, which being removed, they are exposed to the full action of the remedy, whatever that action be, and are expelled from the system. It being a permanent tonic, it counteracts the production of those vitiated accumulations that favor verminal generation and growth.

I cannot speak of it as an errhine, as I have used it in every instance in connection with other articles, thereby precluding the possibility of anything definite in this direction.

Its diaphoretic influence is not usually marked, and is never manifest until after the action of some other property—emetic or cathartic, perhaps. Such being the case, it could not come into general use, of course, as a diaphoretic agent. Such an influence, however, undoubtedly is produced by it after the effect of other agents, and to a large extent in certain cases, and to an extent not reasonable to attribute to the relaxation consequent upon vomiting. This diaphoretic influence seems to be held in a sort of abeyance, and subject to contingencies.

Gentlemen, you cannot fail to have seen that this agent has a wide range of application, and occupies a position second to none in all our vegetable materia medica. But, as I said before, much investigation is still necessary, to determine what should be its precise position as a remedial agent; and until that investigation is had, and its true principles definitely determined, and their applicability in the treatment of disease fairly understood.

ARTICLE XLV.

Typhoid Fever. By Jas. Fenner, M. D.

Typhoid fever, like other forms of disease, has been discussed at length by scientific men, and in the discussion it will be observed that typhus fever also has had its bearing upon the subject with but few exceptions. Therefore, in giving views, experience and treatment of a designated fever, when there exists another form of fever that has a strong bearing upon the one under discussion in some of its characteristics, and in which the treatment in some respects approximates nearer perhaps than in any other form of disease, the license that has formerly obtained by many writers, in discussing both at the same time, might perhaps be excused now; for it becomes almost impracticable to talk intelligently upon a series of years of practice and observation without noticing both. This arises from the disjointed diagnosis of highly respectable authority that often appears before the practitioner.

"What is the difference between typhus and typhoid fevers?" This question is not so readily solved by the practical physician, from the *very fact of the discrepancy* of medical authors, for some having written with a direct bearing upon the one or the other, and more upon both, who have had but limited experience in either; therefore the peculiar characteristics, through their different phases, are little understood, and the confounding of the two becomes almost unavoidable. Or, if a separation be intended, the history of symptoms becomes so indistinct, that the practitioner, relying on his most trustworthy guide, often becomes in doubt as to whether he is really treating typhus or typhoid fever.

As a proof of this statement, a reference to one author, and one only, will be made here, and he a scientific reasoner on many subjects pertaining to medicine. Barclay, on "Medical Diagnosis," page 64, in speaking of fevers, says: "The feature of those spots, in extreme cases, as detailed by authors who hold to the hypothesis of two distinct forms of fever, may be thus summed up: Typhus fever is that in which there is a copious mulberry-colored eruption on the extremities as well as on the trunk, beginning from the fifth to the eighth day of the disease when there is no diarrhœa or abdominal tenderness. The name typhoid fever is applied to that

form which is more or less accompanied by diarrhœa, with abdominal tenderness and distention, and in which there is a scanty eruption of rose-colored spots, beginning from the seventh to the twelfth day of the disease, and appearing a few at a time on successive days." After referring to so respectable an authority as Barclay, it will not perhaps be considered as ideal that authors on disease and medicine may sometimes talk vaguely; for he inclines to the opinion, indirectly expressed, that fevers are not distinct from each other; and in his attempt to separate typhus from typhoid, for the benefit of those who believe them a separate and distinct class, may it not be asked that if he is sufficiently clear in his diagnostic symptoms to justify reflective medical men in resting their views and reputations, without further investigation, upon this comparison of the two?

It often becomes of the greatest importance that the physician be able to explain minutely and without hesitancy, the difference between typhus and typhoid fever, and what the demarcation in treatment should be under the varied circumstances of each, that he may sustain his own reputation. These facts cannot be too firmly impressed upon the mind, for though typhoid fever is much more common than typhus, yet the latter has to be met, if not epidemically, in sufficient numbers of cases to put the physician on his guard—and it is not uncommon for isolated cases to spring up even where typhoid is epidemic. Having alluded to an approximation of treatment in some respects of the two, it may, perhaps, be well to suppose that some medical men observing this fact, have been led to the belief that they were identical, and only variations of the grades under the different circumstances, depending on the constitution of the patient. But it will be remarked by those who are familiar with the diseases, that if a continued course of treatment be followed in the main in one case, that would be applicable in the other, grave errors must occur as the sequel of symptoms will show. In diagnosticating typhus and typhoid fevers there are but slight differences in detail of premonitory symptoms. But it is in the progress of the maladies that marked symptoms appear that demonstrate to a certainty that they are not one disease. In typhus, after it is effectually established, the countenance becomes shrunken and of a shining glassy reflective hue, except in typhus gravior—then it is of a purplish hue, and possesses more than common fullness, and seems

to have lost entire its expressiveness of intelligence, while the eyes are steadily set upon vacancy, without any unusual stare, or remain half shut as if there were a disposition to repose; and to questions asked by physician or attendant the answers come slowly, and will often lead one unaccustomed to the disease to think that he has not been heard, or if understood by the patient, that there is so great an enervation of mind that he has not the power to reply. But at last the answers come with measured exactness; so also in regard to his wants or dislikes; the demands and expressions of aversion are of the same measured step. It will be remarked that though the obtuseness of intellect exists to such an extent, that it does not appear to depend on the hearing, for that remains in a majority of cases quite distinct. Here comes then a difference of importance between typhus and typhoid fevers. In typhoid the hearing becomes very obtuse, and the patient is often addressed in vain unless in a high tone of voice. But when he is spoken to so as to understand, the answer is readily given, comparatively with the one that is received in typhus. But it comes, with a jerking, impatient, incoherent manner; so also it is with his requirements and expressions of dislike. He lies or sits with his eyes closed tighter than natural if asleep, with an uneasy knitting of the brow and face as if in distress; but when his attention is called to the point he does not complain particularly. This applies where there have been no local or constitutional ailments prior to the attack. If these existed great irritability might result. In regard to the obtuseness of hearing in this disease as referred to, there is one exception in a grade which will be considered hereafter.

Another difference of great importance between typhus and typhoid fever is, that in typhus, constipation, or nervous inaction of the alimentary canal, whichever it may be, is as natural a consequence in its incipient stage and continuation to the crisis, as the fever itself is a natural cause of atmospheric exhalations, or to say the least, it is so general a rule, that the cases are remote where diarrhœa occurs prior to the crisis. But in typhoid fever, the contrary bears rule, a large percentage having their origin in diarrhœal symptoms. And of those that are not ushered in with diarrhœa, there are but few, comparatively, but what take on that type long before there is a perceptible change in other symptoms. But there is another fact here that must not be lost sight of, viz, that there are cases where active diarrhœa arises in the onset of the

disease, or after it has become established, that is, suddenly checked without any material aid from the physician, and without the least possible benefit to the patient for days after, and perhaps not at all. And the same prognostic system, as far as the effect upon the patient is concerned, might well apply also to some of those rare cases where diarrhœa does not make its appearance in the course of the disease; for the tardiness of intestinal action cannot be construed as auspicious of a successful result. This peculiarity must not be overlooked; therefore the symptoms bearing thereon will be given in detail, as cautious investigation is required in order to reach the true causes. The patient experiences disagreeable sensations from below the umbilicus, involving the abdominal muscles, with sometimes slight tympanitis, but oftener with the abdomen falling towards the spine, rendering the appearance thinner than natural, and producing a tense feel to the hand when applied to it. Tenesemus, as well as frequent desire to urinate, are concomitant symptoms. The efforts to relieve the bowels are not in general to the benefit of the patient, and though the voiding of urine may be attended with a better result, yet it gives but little relief. A dull pain remains over the section of the bladder, with lancinating pain and soreness to one side or the other, as well as to either groin. Oftentimes the pain becomes so permanently fixed in the side, right or left, between the inferior ribs and hip innominata, that it compels the patient to lie in one position, with one leg, corresponding to the affected side, partially drawn up, the greater part of the time for days together. The kidneys also suffer much, but the patient seldom complains in this respect, farther than an unusual tired sensation in that region, desiring frequently to have compression to the affected part. If it be supposed that a cathartic might relieve the extreme symptoms, it will be found more difficult to produce an evacuation than it would be to check a profusion of discharges, did they exist. The amount must be large to produce the desired result, and extreme prostration will follow. Aperients also have their enervating influence, according to the activity of the material given, but they seldom pass, lying as an inert substance, except what small amount strays through the renal emunctories, bulk and absorption doing their work, the one predisposing to vomiting, the other surcharging the circulatory secretions. Enemas have no better effect, as, if they pass off at all, it is seldom, indeed, that fœcal excrement follows.

May it not be that ulceration of the intestinal canal, in part, has become established, thus predisposing to a partial paralysis of its inferior section, and thereby destroying, to a great extent, the peristaltic motion and checking the diarrhœa, or preventing its existence, absorption taking its place. The long conceded hypothesis that intestinal ulceration necessarily produces diarrhœa, seems to controvert the idea. But it is desirable to ascertain whether ulceration can exist, under any circumstances, in the intestinal canal, to the extent of shortening life, and cause diarrhœa to have ceased, or never to have made its appearance. But if intestinal-paralysis shall take place without ulceration being present, would it be plausible to suppose that the patient would labor under severe pain? The fact that total inaction of the lower portion of the intestines does transpire in many instances as described, except the pain, inclines to the opinion that paralysis might exist independent of ulceration. But if ulceration should be present, the question is, whether the danger of paralysis would be increased, and the irritation one of the main springs to dissolution at this critical stage.

Another contrast worthy of note between typhus and typhoid fevers is the exanthemata, where it appears distinctly. In typhus, the mulberry spots, as described by Prof. Wood, are unmistakeable. But there is another peculiarity of the skin which is seen sufficiently often to notice here that he has not mentioned; and perhaps it has not fallen under his observation, from the fact that locality may modify appearances many times. It consists in large ashy-grey spots, originating in and being confined to the cuticle, from the size of a six cent piece to that of the Mexican dollar, of an irregular-sided, oblong shape. This eruption, in many instances, makes its appearance as soon as depression is manifest, and before the mulberry eruption appears, but remains in connection with it. It does not take on a vesicular appearance at any time, but like the mulberry eruption does not rise above nor depress below the cuticle. It is not predisposed to sloughing more than the skin where it does not exist. This peculiarity may be present where the mulberry appearance is wanting, thus rendering the diagnosis less perplexing than in those cases where both are absent.

There is also in typhus a remarkable tenacity of skin, however severe and protracted the case may be; desquamation and ulceration are slow to transpire, and the skin retains to a great extent its

peculiarity of color, before described, though emaciation may have gone on rapidly. Typhoid exanthamata is strikingly opposite to that of typhus, as has been remarked, the eruption arising above the healthy cuticle, and as soon as fully formed becomes vesicilous, exuding an unpleasant, tenacious, odorous fluid, transparent at first, then becoming slightly tinged with a yellow color. The eruption stands out prominently and in sufficiently concentrated masses; so that in running the hand over the surfaces, it puts on the feel like the skin in scarlatina where exanthamata appears in that disease; and where convalescence ensues, the casting off the cuticle of the affected parts is quite similar.

There is another condition which has not been clearly specified in the history of this disease heretofore. The cuticular eruption, after its first stages, in the more active grade of the fever, extends to the *cutis vera*, and tends directly to gangrene and sloughing; deep-seated ulceration following in its track. It will be observed that besides the peculiar form of petechie in typhoid, the color throughout the face and body does not maintain that uniformity from day to day, that is apparent in typhus. The face, especially, changing rapidly from a suffused red to purple, and from purple to redish white. The odor arising from typhoid patients as a general rule, aside from that already referred to as arising from vesiculous exhalations, is to be distinguished from that of any other disease; although its peculiarity has been referred to by Prof. Wood, he does not give it a distinguishing point. It consists in a scent unlike in itself; viz: like the decomposition of exposed urine in an open vessel—a sweetish, saltish, sickning, faint impression to the olifactories all at the same time; disgust and loathing of the sick room instantly following, which often requires firmness to withstand while the patient is under examination.

The form of typhoid fever as referred to as forming an exception to the common rule in regard to the distinctness of sound will be noticed here. It is confined more especially to nervous, lymphatic and hypochondriac temperaments, but seldom attacking the robust. A large percentage attaches to adult females and to children of both sexes. The premonitory symptoms are similar to the other forms of the disease though mostly coming on tardily. The intensity of the pain in the head, nape of the neck, and the soreness along the spinal column, are greater, perhaps, than in other forms of the fever, except where there is congestion of the brain, and continues in general with greater or less severity, many times,

till convalescence is far advanced. The tongue seldom takes on the buffy coating as is understood to indicate an excess of biliary derangement in inflammatory diseases; but is covered with a tenaceous offensive mucus, which pervades the throat and stomach, producing excessive irritation, amphipneumia, severe retching, and many times vomiting quantities of this disgusting secretion. After continued efforts of this kind, bilious vomiting may follow, and continue for days in a moderate degree, but sufficiently often to render the administration of active remedies somewhat difficult. The pulse, much of the time, sinks below the natural standard, being weak and irregular, and when its velocity is increased its volume is not in proportion to its activity. The skin is dry and produces an unusual culormordex sensation to the hand when applied to it; but the patient does not complain of unusal warmth. Again, cases arise where a slow, steady exudation transpires, and by the application of the hand to the surface, a sensation like the touch to a *cadaver* ensues; yet the patient complains of intolerable heat. This form of the disease which might well, perhaps, be termed nervo-typhoid, to distinguish it from the other grades, is anomalous not only in its general symptoms, but also to the great intensity of sounds as well as activity of movements; the patient complaining bitterly upon the slightest violation of either. Sleep becomes almost a stranger, great depression arising from said cause. The urinary secretions aggravate the symptoms, suppression or incontinence occurring many times in those cases where the prognosis is favorable. Petechie seldom appears profusely, and where it does occur, it comes on slowly and the exudation does not appear as great according to the amount of vesicles as in the grade heretofore described. The skin maintains a greater uniformity of color than the grades heretofore mentioned; and sloughing seldom occurs where convalescence ensues. The patient, many times, desires to sit much, even where exhaustion is extreme, on account of the severity of pain in the head and back of the neck, a horizontal position not giving that relief that a recumbent one does. This fever is not less protracted than the other forms, running on often till the patient is a wreck of the former self, before convalescence; yet it is seldom that the mental faculties become so impaired but what the patient will remember what transpired through his sickness, though it comes to him like a slowly drawn dream.

There is another symptom peculiar to typhoid fever, which may

appear in either form, generally the second week, or later, but which is most prominent in that stage where the abdomen, kidneys, and urinary organs become actively involved where there is no diarrhœa. It is the constant desire of the patient for ablutions, or a disgust to the same, amounting almost to phrenzy, in one instance desiring the continual services of an attendant for the application of water to the face, trunk and extremities, the surface being so cool that a chill will be transmitted to the hand when the patient is touched. In the other the dread of the application of water being so great that, in some instances, where it is firmly presisted in, spasmodic action, especially in the young, becomes manifest.

Having given the diagnosis of typhoid fever in some of the prominent points, adverting also to those of typhus fever, in order to bring to mind more readily the distinctive character of the former, it remains to consider the treatment.

The question of striking out typhoid fever suddenly, by a bold stroke of remedial agents, is one of grave importance, not only to the welfare of the patient, but also to the responsibility of the physician as to the safety of his charge.

There are two forms of symptoms to which he prescribes. One where he is called in haste, as the individual is taken suddenly ill. On inqury, he cannot learn that his patient had been complaining prior to the attack, further, perhaps, than a slight indisposition to exercise or to take the usual quantity of food. Perhaps he may not have felt any indisposition at any time previous. The other case is where he can trace disease from one to three weeks, the invalid keeping on with the usual avocations to which he is accustomed to a greater or less extent most of the time, then being convinced that there is an existing derangement that requires medical aid, the physician is called. The question then is, how can such antipodic symptoms be treated, with the hope of breaking down at once the disease. Shall the same remedies be used in either case? It will not do to suppose that though these low symptoms have run on so insidiously, that the fever is a fixed fact before the patient is aware that he is ill; that it is disposed to yield more readily than one where the attack is sudden, for, as singular as it may seem, the comparison of the amount of time in which they will still run, is not in proportion to the time that has already expired. Or, if a case of great severity occur, which should form

a favorable crisis on the fourteenth day, and on that day the physician should prescribe for a case of low character, which had already run that number of days, it will be a safe hypothesis that it will continue to the twenty-first or twenty-eighth day.

The fact must be before the practitioner, that a fever advanced from two to three weeks in this sloth-like manner, requires tonics and stimulus, to some extent, to sustain the already exhausted powers, and will run on for days with slight change of symptoms. And it is this class of cases that have to be met almost daily when typhoid fever is epidemic. If the patient is put upon active treatment, for the purpose of suddenly checking the disease, using sedative agents, great caution is to be observed, that he is not reduced so low as to lessen his chances to recovery. Again, if the system be overcharged with remedies that raise its power far above the natural standard, when reaction occurs, the depression many times becomes too great for the special benefit of the sick. But it may well be asserted that the disease many times may be checked auspiciously to its future progress, and in many instances, perhaps, abruptly suspended. But it cannot be considered that its force has become extinct when it requires treatment from nine to fifteen days from the introduction of the remedies intended to subvert it. How often the assertion is made, that the fever is broken—the will of the practitioner being taken for the fact, in his anxiety to secure a reputation, but if he err upon the point, an apology for a relapse must follow, however trivial the excuse.

But in considering farther the description of typhoid fever, it will be safe, perhaps, to say, that if the treatment be directed to that end, and it is ascertained from the third to the sixth day of the attack that the coating of the tongue has disappeared and a moisture remains thereon, that there is a strong desire for food, also—that the fever is broken. If the time be beyond the sixth day, the seventh being the shortest time for a critical day, according to the natural laws of the fever, if it should subside on that day, the proof would not be clear that medicine alone had produced the result. So at any time after, if the fever yield on the natural critical days, the most that can be said in behalf of the remedies is, that they have had great potency in assisting to a favorable finality. Not to be misunderstood here, it might perhaps be asked, that if a fever has run twenty one days, and on the twenty-second day a physician be called—that on the twenty-seventh day the fever has become extinct, whether it would be plaus-

ible to assume that the power of medicine in the five days of treatment had broken it; especially when twenty-seven days is the longest time of *critical days* that are marked with regularity, however long the fever may run afterwards. As reference has been made to the seventh day as the shortest time of a crisis of the fever, though rare, comparatively, with the cases that pass that time without diminution of symptoms, the number being mostly confined to youth and children, though an apparent favorable prognosis may occur on that day—the fever having yielded as far as symptom indicated—yet it is but a lull of short duration, in many instances, for on the ninth day the fever rises far above its original form, congestion of brain and delirium following. The result is generally unfavorable, and the fever of short duration. As to the introduction of remedial agents for the palliation of symptoms in the premonitory or incipient form, or for the intention directly of cutting it off in the first attempts to advancement. Active diaphoresis and emesis, as well as some of the sedatives and stimulus nervines are prominent to the result. But after repeated efforts with the diaphoretics and emesis, it is ascertained that they are not equal to the end desired, they must be abated to a point where neither irritability of stomach nor profuse sudorific action will follow; as, if diaphoresis, especially, be continued after reasonable efforts have been made to check febrific action, and it is a failure, though it may be continued to exhaustion, as soon as it is desisted in, the fever will rise again in proportion to the remaining vitality of the patient. An occasional emetic, however, may be given, under very depressed circumstances, which occur at times in the course of the fever, viz.: excess of biliary secretion, the stomach becoming overcharged, great prostration arising therefrom. The stomach not having the power to relieve itself, the emetic at once comes to its aid, and the vitality of the patient is immediately improved as the local irritation has disappeared. But the case is different in the depressive excess of diaphoresis, for the effect is general and diffusible in the system. And it is a fact, self-evident to every practitioner familiar with typhoid fever, that the sweating stage that occurs in many severe and protracted cases, is no more a precursor to a favorable issue than that symptom is prognostic of a healthy result in intermittent fever. But experience has proved what perhaps theory might controvert, viz.: that the stage, at least where the fever has made its first impressions of note, to its crisis, steady and continuous renovation

to the system to the end strictly of holding the enervated powers till nature can react, is the salvation of the patient. In regard to sedative nervines, or nervine tonics, when given for the purpose of controlling the malady in its incipiency, veratrum and jessamine hold at this time the most prominent place with many practitioners, perhaps, too, with much plausibility; but it is also the case that many practitioners who are familiar with the fever, have not met with the success in their use that their reputation led them to hope for. The point of the disappointment may have arisen from a close observation of one fact connected with their use, viz: that the remedies fell far short of the potency in the fever that were generally ascribed to them.

But in observing still further the advisatory treatment, where veratrum or jessamine is given, it will be noticed that the length of time that other remedies are prescribed, either in conjunction with, or independent of the same, is far greater than that occupied with either one or the other alone. And yet the physician is told that a few hours are sufficient to bring down this scourge with these medicines. The inquiry then arises, when and to what extent they can be used to advantage, and what favor they should receive in comparison with other anti-febrile agents. It will, perhaps, be conceded almost universally, that the most effective results of veratrum or jessamine are to be gained in the incipient stage of typhoid fever, and upon those cases that are ushered in with great severity, especially where the brain and spinal cord become involved. But the question still is, can they be pushed with sufficient activity, without risk to the patient, to bring the fever to an abrupt termination, or have they got to be followed for days by other febrifuge preparations? When there exists fancial and laryngial inflammation, which often appears with great severity, accompanied with excessive irritation of the villous coat of the intestinal canal, tending to vomiting and diarrhœa, or emesis alone, it becomes difficult to push the veratrum to a favorable effect without increasing those symptoms, as well as to produce an unfavorable impression upon the brain. And the same holds good with jessamine; for, though the system at such a time may demand sedative nervines, or nervine tonics, they must possess decided soporous properties to produce the desired result; and even the combination of such a remedy with either of the above-named, fails to produce the favorable impression that arises from its administration separately. In fact it appears that in such cases,

as well as some other conditions of the fever, that anodyne tonics, or sedative anodynes, as the case may require, which possess soporous properties, are better adapted to a prominent favorable result to the invalid. Then the inquiry follows, what agents are best adapted to the malady as a continuous treatment when it has become so fixed that regular stages have to be passed before its termination. When the veratrum and jessamine have fulfilled their destines to the satisfaction of the physician or otherwise, and a treatment must follow long after, sanguinary, by its peculiar properties, seems well adapted to fulfill much of the lack that may be apparent in the former remedies—the system, to a great extent, being controlled according to the doses administered—its alterative, diaphoretic and febrifuge properties appearing whether it be given to the extent of a sedative, or whether it be brought down to a tonic stimulus. There is another consideration in the use of sanguinary, viz., its inapplicability to other febrifuge remedies, as well as to anodyne tonics, or to sedative anodynes. Therefore, quinia can be given, *ad libitum*, if indicated. But in the administration of veratrum, particularly *quinia*, being inadmissible from incompatibility, the inquiry arises, whether the veratrum can be continued through the course of the disease, however prolonged, without bringing quinia to its aid? If this be the case, then quinia must shortly cease to be one of the sheet anchors of febrifuge action. But if the most sanguine advocates of veratrum still rest upon quinia in the course of febrific action, if the use of a remedy is reached which is equal to the veratrum and can be carried through the course of the disease in perfect harmony with other agents necessary to the case, then a point is gained beyond what the veratrum can fulfill. This point, it is believed, has been reached in the use of the sanguinary and the remedies compatible with it. But its use may still be further urged in the incipiency of the fever in controlling arterial action, and tending to promote mild diaphorisis. And where the nervous irritability of the patient is great, with the fever running high, forbidding sleep, morphia acts with great vigor in conjunction with it, in soothing and controlling nervous and arterial excitability. The fact that morphia possesses sedative as well as anodynic narcotic and soporous properties, gives it a claim here which a narcotic sedative or a sedative nervine cannot supply. By the use of the sanguinary alone, or by the addition of morphia, it is not uncommon to bring the pulse from an extreme excitement down to nearly a natural

standard, or even below, in a few hours after they have been given, without any excess of sedative or narcotic effect being apparent—the patient becoming quiet, and expressing himself comfortable. Morphia alone possesses great power over those extremely irritable cases of stomach and intestines where great inconvenience arises in pushing active agents upon the system. And it seems to be the medicine above all others, as far as allaying irritability of the nervous system is concerned, in the grade of the fever which is termed nervo-typhoid in this article. So far from its retarding, by its morbific action, the curative process of the disease, it seems to fill a vacuum that is apparent that other medicines of its class do not reach, adding much to the safety of the patient. Then the difference between veratrum, jessamine, sanguinary and morphine, is this, that in the use of sanguinary, an alterative is always present which is desirable in the fever. Also its diaphoretic property is permanently active, without at any time producing excessive sudorific effect to the detriment of the patient. So also its tonic stimulus, as well as sedative action, are at the control of the practitioner, as his best judgment may dictate; while the soothing power of the morphia, in connection with its sedative febrifuge results, renders it acceptable, especially where there is high febrific action. But when an anodyne stimulus is required to supply the place of the sedative opium in substance, or in the form of covers, omitting the sulphate of potassa, may be substituted for the morphia; and if an idiosyncracy exists that makes the opium objectionable, then the other anodynic and nervine tonic medicines which possess a soporose property should be substituted.

Alterative as well as diuretic agents, entirely in harmony with typhoid fever, are profuse in reformed practice. In addition to sanguinary and in conjunction with it, after the abatement of the first febrile excitement, and in the depressed stages, a permanent alterative and diuretic course should be steadily pursued. Septandrin may be steadily given, as its alterative effects are kept up without any danger to the patient from aperient or cathartic action. Irisine and corallyn are potent auxiliaries, on account of their diuretic as well as alterative properties, for diuresis is an indication to be fulfilled in many cases, and the choice of the diuretics must be in general on the side of tonicity. But in those cases where strong peritoneal symptoms appear, the irisine acts with great vigor and generally with a happy impression, as it seems to have a charm over serous inflammation. Cimiphilla also, from its diuretic, tonic

and astringent principles, seems well adapted to the morbific condition of the kidneys. In those low cases, that seem to be nearly balanced between convalescence and dissolution, where the urinary secretion has lost its alkaline principle in part, and where the inferior extremities take on an anasarcal form, acetate of potassa in minute doses generally has a good result. The belief that has obtained with one class of practitioners, that alteratives are counterindicated where the fever has reached a point that requires stimulus and tonics, seems entirely erroneous, and rests mainly upon the fact that their *alterative of alteratives* has been discarded as incompatible to the fever when it has arrived at that stage. Therefore they rest the safety of the patient upon tonic stimulus with occasional opiates. In touching upon a crisis or a critical stage in typhoid where hemorrhage ensues, the subject becomes involved in a still deeper solicitude to the practitioner, that requires a self-possessed coolness that will carry to the patient the assurance that he has still a strong hope of bringing about a favorable issue. Hemorrhage is uncertain in the length of time that ensues with the fever, but in a majority of cases it is to that point which would indicate a crisis to a convalescence or to dissolution. But it is by no means uncommon for it to transpire in the incipiency of the disease, or even to be one of the startling premonitory symptoms. The early appearance, however, is generally from the third to the sixth day. But in the early appearance of this symptom, it is not an indication of nature to the relief of itself; on the contrary, it is ominous to the physician of a malignant and protracted action. Preceding hemorrhagic action for days or hours, as the case may be, the patient labors under percordial depression, accompanied with a sensation of weight in the intestinal canal with, perhaps, slight tympanitis and abdominal tenderness. These symptoms, as a general rule, are so certain in their appearance and so prominent, that the practitioner can hardly fail to be forewarned and guarded in the administration of remedies. Again, this train of symptoms may exist, yet hemorrhage never appear; but as it is impossible to determine whether it will or will not make its appearance, it is perfectly safe to pursuch a course as will guard against any untoward result without in the least being detrimental to the patient if it were not to transpire. In many cases of hemorrhage, the patient suddenly desires to stool, where the bowels have been quiescent previous, and the first alarm of himself or attendant is the profuse dis-

charge of coagula followed, perhaps, by syncope. This is the more apt to be the result where it occurs in the incipient stage. At other times it is ushered in slowly and without coagula at first, gradually increasing in quantity and, if not readily checked, coagula follows profusely. This transpires where the disease has been of long duration and exhaustion is extreme.

In the treatment of hemorrhage, it becomes important that astringents enter into the consideration, in conjunction with remedies being given. But much caution is to be used in their introduction, and not overcharge the stomach, as retching or vomiting would increase the hemorrhagic action. If it abate, the medicine should be continued for a number of days, but in milder doses, as there would be danger of its recurrence, if too suddenly withdrawn. If the indication of hemorrhage be present, as heretofore described, the astringent should be resorted to as a prophylactic; but the other medicines still continued, omitting such as might be incompatible with the astringent introduced, till such time as it is withdrawn. If it actually transpire, the tonic stimulus, if being given, should be increased cautiously in proportion to the prostration of the patient, and if the stimulus and tonic has not been entered on it should be resorted to immediately. But at such time the alteratives and diaphoretics should be materially abated, till such time as a favorable issue should appear, but continued lightly, according to the necessity of the case, for where convalescence ensues, there still remains a morbific action of liver, accompanied with irregular febrile action. Anodynes or nervines, or both, are indispensable to the patient, for the control of nervous irritability. It may be proper, perhaps, to remark here, that a great error, wrought with evil consequences, occurs to many practitioners as the crisis of the fever approaches, or as it may have passed, whether hemorrhage appear or otherwise, as they are looking for a point so fully described by original writers, in their description of the sudden letting go of typhus synochous and bilious fevers. But in typhoid, the cases are rare, indeed, where this occurs, therefore, they suppose the patient convalescent before the final change, or, if the change has transpired, as he does not immediately sink, the tonic and stimulus instead of being held steadily, is materially abated, or omitted entire—the patient being put upon a nourishing diet and perhaps a little wine whey, or a little poor wine with a large amount of aquafant, and left to nature for the rest. The result is, in one case the patient sinks too low

for resuscitation, and in the other, the fever is prolonged from the very want of tonic febrifuge powers.

But further, as to hemorrhage. It is often the case, that medicines taken into the stomach are inadequate to check the discharges, and the patient in danger of collapse, enema, in this case, must be resorted to. Where the discharge occur in females as uterine, the enema should correspond to the discharge. The patient should be kept quiet, even if a soporous anodyne is necessary to keep him so. The enema should consist of tonic acid and pulverized opium, and prescribed freely, with as little bulk of water as can be conveniently used, adding a little powdered starch, great care being taken to throw it high into the rectum. Powdered myrica cripua, or powdered gall nuts, may be used in the same way. The compound tincture of kine, rhataxy and opium, possesses great potency in this condition of the system. But with these preparations it must be borne in mind that a strong impression upon the nervous action of the intestinal canal by the opiate stimulus, is as necessary to a success as the astringents are, but care must be taken and not push it further than to a stimulus effect. In case of a failure of these remedies, the tartar sulphuric zinc in solution with tincture opium, should be given by the mouth as well as used as an enema, till hemorrhage cease, or till the patient sink. But by pursuing such a course, the mortality from this cause will be light, indeed.

The advancement in the practice of fevers within the last twenty or twenty-two years is worth a consideration. It can be said without fear of contradiction, that there is not a physician of intelligence at the present day that would for a moment entertain the idea of falling back upon the original theory of practice in typhus, synochus, typhoid or even bilious fever, with the least hope of sustaining a reputation as a practitioner. As a proof to this proposition, it will only be necessary to turn to "Dewer's Practice of Medicine," which was formerly celebrated as a standard work of the radical school; and mark the statistics of mortality in bilious fever, where it is laid down, in hospital practice only, as one to every sixteen, or a loss of $6\frac{1}{4}$ per cent, and as one to every twenty-two in city and country practice. A few independent thinkers about that time saw with deep regret the error of such a practice, and with a boldness that was infidelity in the eye of the medical world, dared to proclaim their belief as to said error, and submitting their action to their declaration, resolved to

rescue the practice of medicine, in respect to fevers, from the incubus that enthralled it. For in scanning the whole field, it became apparent to them that a change could hardly be wrought with greater mortality, and that there was at least a chance of improvement. The small beacon light then raised has never been dimmed, but has traveled on, growing larger and brighter till the present time. The chief corner-stone was then being laid in the treatment of fevers, and improvement has steadily and effectively advanced in proportion to the philosophic minds enlisted in the cause. The heresy of departing from the "original code" is fast being overcome, and men are left to free thought without the fear of an inquisition; for where the people become the arbiters, reform must triumph; triumph not only in its own vindication, but also by compelling radicalism in medicine to pause—not only to pause, but to change its tactics in practice; this is, in fact, already accomplished. It is a well established saying, that one extreme follows another, and this will apply in the abandonment of one theory, mainly in the practice of fevers, and the substitution of an opposite one by the allopathic school. But in the abandonment of the antiphlogistic system many still hold that mercurials are necessary as an alterative in the incipient stage of typhoid fever, but put their reliance upon tonic stimulus as the mainspring of curative action; the recuperative process taking the place of the depressive. It is a well conceded point, that in the use of mercurials that ptyalism or "touching the gums" becomes uncertain; indeed in typhoid fever the practitioner looking in vain for days for the happy result, yet not seeing it, if he still pushes on, or becoming discouraged abandons the remedy and turns to another. If the mercurial fails to produce ptyalism when given as an alterative, the practitioner has no rule whereby to test its efficacy above any other alterative. Nor is he certain of any beneficial result, "touching the gums" being the test of its action. The attempt to give it in quantity to produce a deobstruent, sedative, cathartic action, being abandoned in typhoid, it is only necessary to say that if given in such doses, if it act at all it is mainly by its mechanical power, and it is not uncommon to see much of it in the stools, in the very state in which it was swallowed. In the healthy state of the stomach it possesses a certain amount of chlorinic acid, and if it be in that condition ptyalism can be readily induced. The question then is to what extent chlorine exists in the stomach of a patient laboring under malignant typhoid fever. If chlorinic

acid is lacking or nearly so, the failure to "touch the gums" by the use of mercury is readily accounted for. Those who have been in the practice of using mercury, never fail to guard from excess or "touching the gums," by enjoining upon the patient the necessity of refraining from water, acids, fatty matter, salt, &c., except perhaps in some obstinate cases, where "touching the gums" is very tardy. It is only necessary to analyze the constituents of calomel to understand its action in the stomach. Mercury, 200; chlorine, 36 — calomel. Mercury, 200; chlorine, 72 — corrosive sublimate. Therefore when calomel is received into the stomach, it comes in contact with an excess of chlorine and it unites with the acid in whole or in part, forming the deadly poison, corrosive sublimate.

When this occurs, salivation will ensue, and not till then. Therefore the tardiness of ptyalism depending upon the presence of chlorine in the stomach; and if it be not present, substances must be given which will generate it, or the calomel will remain inert. The true process of action, then, would be, if ptyalism were desirable in the fever, as soon as the treatment began with calomel, allow the patient substances that would produce the greatest amount of chlorine in the shortest space of time, and by so doing produce salivation as rapidly as possible. But in the process generally pursued there is no appearance of the effect of the medicine in the severe cases till the fever begins to abate; then it will be developed. This accounts for so many cases of salivation in typhoid when it is nearly spent, or just after the crisis. Not that the mercury having produced it while the fever was in its activity, but simply that the system having become susceptible to it after its abatement; the tone of the stomach becoming partially restored so that chlorinic acid begins to assume its natural place. Therefore, the salivation appearing at so late a date, makes a mercurial fever of *nine days*—which is entirely unnecessary, in addition to the original, for the safety of the patient. But if ptyalism should ensue in some of the milder forms, even in its incipiency, it will be noticed that the patient does not become convalescent, the febrile symptoms still traveling on, as it were, between the original and the artificial, much enhancing the danger to hemorrhage at the crisis. If a practitioner should be called to a patient laboring under typhoid fever, and he should state that the symptoms were urgent and required prompt action, and that

he must treat him with corrosive sublimate, what would be the astonishment of the invalid, and would he submit to such a course? The interdiction of mercury is the U. S. army by the surgeon-general in the treatment of malarial fevers was a bold, manly and philanthropic action, for which thousands of poor, sick soldiers might well have raised their hands and thanked God. But it required a great and independent mind at that time to grapple with so grave a subject. But position gave him the power of independent thought, and he did not hesitate to "beard the lion." His decision could not be misconstrued by the government, and selfish, aspiring minds showed their discomfiture by scarcely audible whispers of disapprobation. The decision was the quintessence of love for suffering humanity, and it stood upon its merits.

The tonic stimulus process of treatment should not be passed over in silence, as it is easy to pursue a course even in this fraught with evil consequences to the patient. And this will apply with much propriety to the course of the unwilling reformers at this time, as they, having cut loose their sheet anchor of ages, seize with vigor upon the extreme process, hoping to retrieve in part their lost position. Therefore they dash upon tonics and stimulus, as if to lift nature out of its dilemma by mere force of quantities, whether it will yield or not, the doses being pushed in proportion to the length of time the disease has continued, till it exceeds all reasonable bounds. If a sick man take a half pint of brandy per day, and he does not become intoxicated, is it necessary that in the next twenty-four hours he shall take a pint, or such a quantity as will make him show symptoms of it, in order to sustain his sinking powers? An excess of alcoholic stimulus can hardly fail to add to the derangement of the system in typhoid fever, therefore much circumspection should be used by the practitioner in its administration. How often the spectacle is presented to the physician, where alcoholic stimulus has been carried to the extent that irritation of the brain ensued, then a metastasis to the kidneys, suppression of urine following, the catheter having to be brought into action perhaps for days. Then if we add to this engorgement of the system with brandy, a large quantity of the sulph. quinine, to be taken in the same number of hours, in conjunction with it, have we lessened or added to the irritation? But when, in addition to all this, the patient is compelled to swallow the amount of beef daily that was originally required for a Solomon, is it not a wonder that there is a stomach

of a sick man but what must disgorge its contents? In this excess of tonic stimulous there rests a sequal, viz: there are but few cases of typhoid fever that run actively, but what have more or less of depressive or sinking stages—one, perhaps two or more, in the course of twenty-four hours, continuing oftentimes for days with greater or less severity, even when the fever is in its activity. But how often this condition of the patient is mistaken for a permanent indication of dissolution; hence the tonic and stimulus are increased and the stomach gorged with more beef; and the more active the pressure of the medicine, and the greater amount of food, the oftener the appearance of the congestion, and the more alarming its action. Counsel arrives—advice—lessen tonic stimulous to one-fourth or one-half amount—prolong time between doses—lessen beef also—in a few hours patient becomes more quiet—symptoms of congestion less urgent, and in a short time the periodicity begins to disappear. A steady hand leads the elephant by a hair—so also moderation and a watchful eye triumph over this scourge of humanity.

ARTICLE XLVI.

Proceedings of the Eclectic Medical Society, Thirty-second District, State of New York, at Jamestown, January 15th, 1867.

The society was called to order by the president, Dr. N. F. Marsh. In the absence of the secretary, Dr. M. M. Fenner was elected secretary *pro tem.* The reading of the minutes of last meeting, and calling of the roll were therefore omitted. H. Haynes, M. D., of Frewsburg, N. Y., was admitted to membership. The proposition for membership of Dr. A. H. Bowen, of Ellery Centre, N. Y., was received and referred to the board of censors. He not being present, his case was not further acted on. In the absence of Drs. Parsons and Rugg, Drs. Davis and Whitford were appointed to act in their places, *pro tem.*, on the board of censors.

The subject of discussion was whooping cough. Dr. J. B. Chase, of Corry, Penn., said, he used belladonna in this disease in children, and considered it nearly specific. He referred to reports he had seen recently in the Eclectic Medical Journal, of Cincinnati, which spoke disparagingly of this remedy in the disease under consideration. He had used it extensively, giving it in doses of four to six drops of the fluid extract once a day. He would have the remedy produce its specific effect, particularly a flushed countenance. If the first dose did not do this, repeat in three hours, giving a little less. In cases where he had to repeat the dose the first day, he gave about two drops more at the first dose on the succeeding day. If much feverishness, reduce it before giving the belladonna. This plan of treatment he knew would break up forty-eight out of every fifty cases in the course of seven days. He uses James R. Nichols' fluid extract.

Dr. James Fenner had observed that after about the seventh day, if the cough continued active, it required a combined tonic, stimulant, expectorant and antispasmodic treatment. An excellent essay was read by Dr. George L. Whitford. Subject, "The Reform System of Practice, and Duties we owe to ourselves and the Public."

The other essayists being absent, Dr. James Fenner was called on to read his report on typhoid fever. The subject was treated very much at length, in an interesting, scientific, highly practical

and exhaustive manner. He reviewed the various methods of treatment, and gave his own, which is the result of a lifetime of experience in this grave mortality in which his success has been second to none.

Dr. H. C. Taylor read an elaborate report on the Apocynum, which he claimed to be one of the most important agents in the materia medica.

The following are the appointments for the next meeting: Essayists—Drs. Sage, Babcock and Loomis. Special reports—Dr. G. W. Carpenter, Spinal irritation. Dr. C. C. Johnson, Ampelopsin. Dr. J. B. Chase, Concentrated remedies. Dr. G. H. Bowen, a special cure. Dr. A. D. Brooks, a special cure.

On motion the society adjourned to its annual meeting at Dunkirk, in May.

M. M. FENNER, M. D., *Secretary pro tem.*

ARTICLE XLVII.

Eclecticism—Read before the Eclectic Medical Society of the Thirty-Second Senate District, at Jamestown, Jan. 11th, 1866. By A. S. Davis, M. D.

The term eclectic, by which a large and growing class of the medical profession are designated, is derived from a Greek word, which signifies to choose. We have chosen, we are constantly choosing. At the time this medical reform was commenced, forty years ago, the principal agents used in combatting disease, were calomel, tarter emetic, arsenic and the lancet. The theory was that, in all acute diseases there was an excess of vitality, and that this must be reduced by depletion before the patient could recover. The result of this practice and the theory on which it was based, were very unsatisfactory, especially to the people who had to suffer the penalty. In many cases loss of useful lives. In others constitutions broken down, the patient being but the wreck of his former self.

Calomel was the Sampson of medical agents in those days, and there was no disease in which it was not recommended and used.

Thus we find in Macintosh's practice of medicine published as late as 1844, this agent was recommended in every disease except six.

Those who can recall the practice of even twenty years back, know that when the doctor was called, the first thing given in almost every case was calomel and jalap, and frequently it was the last, and in many cases, nearly or quite all.

In the western and southern States, it was used with moderation, i. e., from ten grains to a tea or table spoonful at a dose.

To thinking minds, this indiscriminate use of one agent in all diseases, should have been evidence of the utter futility of employing a physician; and doubtless it would, if people had been permitted to think. The bad results from the use of this agent and other mercurial preparations are at this day well known. We have chosen to discard it and replace it with vegetable remedies, that never leave a disease worse than that for which they were given.

Tartar emetic, though not resorted to as frequently as calomel, was guilty many times of manslaughter. Thus, in the days that

I speak of, it was thought that inflammation of the lungs could not be treated without the use of this agent.

In proof of this, that it is clearly chargeable with destruction, let us examine the statement of Dr. Deit. In order to show the comparative treatment in 380 cases of inflammation of the lungs, two-thirds were treated by blood-letting and tartar emetic, and one-third by diet and simple demulcents; of which the two-thirds nearly all died under the regular treatment; while the one-third nearly all lived that received little or no treatment at all. We therefore choose to discard the agent.

Arsenic, though not as frequently used as the other two remedies, has yet a large amount of suffering, and even life to answer for.

Pareira, an eminent authority, states that small doses of arsenious acid continued for any length of time, acts as a slow poison, and if persevered in will ultimately occasion death; the same effects take place in a shorter period from large medicinal doses.

Hahneman has graphically described the condition of slow poisoning by arsenic, as "a gradual sinking of the powers of life without any violent symptoms, a nameless feeling of illness, failure of strength, an aversion to food and drink, and all other enjoyments of life."

Blood-letting forty years ago, yes, even twenty years ago, was the fashion, and both physician and people supposed that acute diseases could not be treated without it.

Bleeding was so customary with some as to bleed every spring, sometimes twice a year, as a preventive measure to ward off disease.

"The theoretical bleeder," says Dr. Ticknor, "in the most opposite states of the system, will bleed to check the circulation when it is too rapid, and to subdue febrile reaction; when the circulation is depressed, he will bleed to restore it, and to increase the heat of the body when it is below a healthy standard, he draws blood to subdue reaction and to excite it." He calls bleeding a "sedative," and again he says "it is a stimulant."

With such a man bleeding is a *sine qua non*. It is almost food and drink. It is a refrigerant in the summer and a calefacient in the winter—a hobby which he rides either rough or smooth shod.

The evil effects of blood-letting necessarily vary with the nature of the disease in which it is employed. In fevers and inflammations it was employed to subdue excitement and lessen inflamma-

tory action; and yet in many cases it is well known that it produced but temporary effect. Reaction came on, and the disease for which it was employed was aggravated. The consequence of this reaction was, that another depletion was again prescribed for its removal. Blood is taken to full syncope; again relief is felt; again reaction and the local symptoms return; the practitioner continues to bleed, and is astonished at the obstinacy, course and termination of the disease; all which, under such circumstances, generally terminated in dropsical effusion, or in convulsions, or in delirium running into coma, or in death from exhaustion or from one of the foregoing states, or in a partial subsidence of the original malady and protracted convalescence.

The theory that there is an excess of vitality which needs reduction in febrile and inflammatory disease, comes very far from being a fact. We choose to believe and teach that a person laboring under disease is actually debilitated from the commencement; that the disease itself is an evidence of depressed vitality. Practicing upon the first proposition, we would resort to blood-letting and mercurials, &c., to reduce vitality to that point that reaction could not take place. While we take the opposite view of the case, carefully husbanding the strength of the patient, until by appropriate remedies we remove the cause of the disease.

Eclecticism started from the common platform of professional knowledge, with a declaration of dissatisfaction with the usual results of the healing art, of a certainty that a true therapeutic science might be discovered, and of the imperative duty of all practitioners to investigate all successful systems of practice, and avail themselves of every successful agency which has been or can be discovered. The result has been that our materia medica has been greatly enlarged by the investigation of the properties of our indigenous plants, many of which are so valuable that they are now being used by all schools of practice. So the great change has thus been made by new remedies, new applications of old ones, new compounds and new principles of treatment, so that four-fifths of the prescriptions of the Eclectic practitioners, in every variety of disease, are entirely different from those which are made by our old school friends.

It may be said, therefore, that the Eclectic system of medicine has wrought a decided revolution, and presents an essentially new system of practice, which may be justly styled the American system as it has been developed by the labors of American physicians.

The peculiarities of the Eclectic practice are too numerous to be learned, except by a thorough course of study. These peculiarities have arisen from the gradual adoption of one improvement after another, until the whole system of practice has been changed, and all those measures which are calculated to impair the vital powers, have been substituted by more successful methods.

It is a cardinal principle of the Eclectic system that no medical treatment should be allowed which permanently impairs or injures the vital powers; that no such treatment is, in any case, necessary or proper, and that in the choice of remedies, we should prefer those which are safest and calculated to act most nearly in accordance with the laws of health. Hence we reject the old practice, not that we consider it entirely useless, but because it is so far inferior in its results to the measures on which we rely.

The habitual internal use of certain intensely poisonous minerals, as mercury, antimony and arsenic, lead, copper, &c., we consider a gross violation of the dictates of medical philosophy and experience. It is an egregious delusion which has brought its millions to the grave, and which, at the present time, maintains an immense amount of suffering among the living.

This delusion has arisen from a profound ignorance of the true character of a number of important medicines, and an indifference to the enormous evils now arising from the mercurial practice.

It is not known in the colleges that our vegetable materia medica furnishes far better agents, for all purposes of the healing art, than those destructive metals, and that every purpose for which it is supposed that mercury is necessary, can be accomplished better without its agency.

The fancied necessity of mercury for the sake of its power over the liver, is well known by all Eclectic practitioners to be a gross delusion. Without the use of a particle of mercury, and without its dangerous morbid consequences, they produce much more efficient cholagogue and alterative action than mercury can maintain.

But I must pass on rapidly lest I weary your patience. One more point in the history of Eclecticism and I am through. At the time this reform was commenced, the practice of medicine was at a very low ebb, especially in this country. Probably at no previous time had the results of practice been so unsatisfactory. Not only was it attended with great fatality, but diseases which are now overcome in six or seven days were allowed, or rather

made to run, a course of weeks, while in many cases the constitution was shattered by the harsh, poisonous practice adopted.

This state of things did not grow out of a want of remedies with which disease could be treated successfully, for we find in our materia medica of seventy-five or one hundred years ago, clear and sufficient descriptions of vegetable remedies which might have been employed with great success. So that we have to conclude that the fatality of the practice of forty years ago was not dependent on the poverty of medical knowledge, but on the obstinate stupidity of practitioners, who, infatuated with the love of mercurials and other agents of like character, would not investigate or employ the abundant means which were even then at their command.

The origin of modern Eclecticism dates back only as far as 1826, when Dr. Beach commenced teaching the new system, in the Reformed Medical College of New York.

Its growth at first was slow, as it met with opposition from all sides, as has been the case with all reforms of whatever character.

In 1831, the first Eclectic college west of the mountains, was established at Worthington, Ohio, by Professor Morrow, I. G. Jones and others, under a university charter, obtained by Bishop Chase.

This school continued to hold yearly sessions from that time up to 1842, with from twenty-five to fifty students per session.

At this time the Worthington organization was discontinued. Dr. Morrow moved to Cincinnati and commenced the organization of the present Eclectic Medical Institute.

But the founder of this great system was Dr. Wooster Beach of the city of New York; who after many years of study, toil and research, into the character of the ingredients used as remedial agents, ventured to publish in the face of a prejudiced world, his work entitled "The American Practice of Medicine," which soon secured to the author the reputation of being one of the first men of science of the age.

The reputation of this purely American author was not confined alone to his own country; but like the news of a newly discovered world, it flew across the broad Atlantic, and obtained among the learned of the old world a reputation never before awarded to an American author; and as a testimonial of the regard entertained for him by the friends of science, the society of physicians of the city of London, voted him an honorary membership in their asso-

ciation, and the king of Great Britain presented him with a splendid gold medal.

Similar demonstrations were made by the kings of France, the Netherlands, Saxony and Prussia, and even by the Pope of Rome; and all these demonstrations were made upon the recommendations of their respective physicians, after mature deliberation, and careful examinations; among whom was the Baron Alibert, who, as a scientific medical scholar, but few men on either continent excel.

It is unnecessary for me to adduce any further evidence of the character and scientific attainment of Professor Beach. But the reformed practice of medicine, as taught by the disciples of Beach, consists in substituting for those powerful medicines commonly called mineral or mercurial preparations, those remedial agents drawn chiefly from the vegetable kingdom.

Now, in this contest, the difference between this system and that one, commonly known as the regular practice of medicine, as I have already intimated, the present and the future will daily decide the advantages and disadvantages of those great systems. Encompassed as we are by numerous ills, which tend to our dissolution, the life of man is a conflict with the elements which surround him. From earliest infancy to decrepit age, from the cradle to the grave, our art is in constant requirement to preserve the equilibrium of health, to ward off insidious attacks of disease, to correct physical deformity, and so to stimulate, modify and arrest mental effort as best to promote the physical, moral and intellectual well-being of the millions of intelligent beings who people our earth.

The air we breathe is often laden with pestilential vapor. The fruit of the earth, which a beneficent Providence has caused to ripen in such exuberant profusion that the most fastidious tastes shall be gratified; all comes to us from the hand of nature unlabeled. The water that gushes out of the hill-side and comes gurgling down in limpid streams, inviting us to slake our thirst in the cooling beverage, often holds in solution deadly poison.

Sights that most gratify the eye, sounds that make sweetest melody to the ear—as fatal experience has often demonstrated—may not always be indulged in with impunity. The effect of these on organs morbidly sensitive, the properties and composition of those and their influence on man in health and disease, it is the business of our art to ascertain and to certify.

Nor is it alone with the varied productions of nature's great laboratory that we have to do, in arresting and combatting the ills which threaten calamity to our race. The inventive genius of man has done more to jeopardize human life, than all natural causes. The requirements of civilized life, by their numberless departures from primitive simplicity in diet and dress, have multiplied the numbers and greatly increased the fatal tendency to disease incident to our nature. Fashion has long ruled against the laws of health in reference to modes of dress which few have felt themselves at liberty wholly to disregard, notwithstanding the faithful admonitions of the enlightened and conscientious members of the profession. Even in mental discipline, discarding severer exercises of judgment, of reason and reflection, and substituting the lighter but more exciting employment of fancy and the imagination, has the tendency been to disease. The uncontrolled, unrestrained exercise of the appetites and passions, tend often to provoke disease; against all of these tendencies it is then the business of our profession to guard.

It is our business to indicate the consequences of a departure from the laws of health, as well as to cure the ills and heal the wounds we cannot hinder; to admonish the healthy and to bring to health and happiness the diseased, the unfortunate and the erring. Charged with these high trusts, "what manner of men" ought we to be to command the confidence of an intelligent community? Sound understanding and integrity should be the basis of character of all of our profession. Happily, we have the bright example of what we should be in the list of illustrious antecedents which our profession furnishes; and it may not be unprofitable, as it surely cannot be uninteresting, to refresh our recollections by a brief review of some of the most conspicuous, as among them we shall find names which have done honor to our profession—names which must ever be held in grateful remembrance while memory lasts or language retains its significance, for the bright lustre they have shed upon our profession, which has been honored no less by the purity of their private life, than by the valuable suggestions which their writings furnish.

Among the earliest cultivators of our art, which history brings to our notice, we find Hippocrates, who flourished about 300 years before the christian era. His writings are still extant, and although, by the light that science has shed upon subjects then veiled in the mist of darkness and obscurity, we may be tempted

to smile at the absurdity of many of his aphorisms, we all admire the zeal with which he entered upon the herculean task of systematizing a science which, for nearly 4,000 years, had lain like the chaotic elements of our beautiful orb, ere the fiat of Omnipotence brought order out of confusion.

But the era of which we now speak is the era of a better and truer philosophy than has heretofore prevailed. Induction has taken the place of speculative theory, and science begins to make sure progress.

Years of toil and persevering industry were given to these loathsome investigations by such men as Beach, Morrow, Hill, King, and I might mention many others which are a bright galaxy of names, in all lands where science has ever shed her rays of light.

But time would fail me should I attempt an enumeration of even a tithe of all the illustrious names which have done honor to our profession, with an untiring devotion to the interest of its honors.

Their names are and will be recorded on the page of history, and their memory embalmed in the hearts of thousands whose days have been prolonged, and whose enjoyments have been sweetened by the lesssons which their writings have taught.

We have delighted to contemplate man as an intelligent being, a being of large endowments, and to trace the intimate and mysterious, the inexplicable connection between mind and matter, and if possible to solve that interesting problem. The bond of union betweeen principles so diverse, so seemingly incompatible, the one so frail and evanescent, the other undying and immortal.

Who that has studied carefully the beautiful mechanism of man, but has noticed the perfect symmetry of all his organs, the adaptation of means to ends in every function, the incomparable perfection of his mechanical apparatus, the beautiful simplicity of his circulatory system, the harmonious but incessant play of his respiratory organs, and can for a moment doubt the existence of an efficient first cause, who has with such consummate skill arranged all his members, to answer all the varied purposes for which they were so evidently made?

Beneficent science, which teaches man how to preserve this frail but beautiful fabric, in which is tenanted the immortal spirit, destined to live forever; which admonishes him by so many instances of bitter regret, of excruciating pain, of indescribable auguish, to shun voluptuous ease and gross sensual indulgence, to avoid those

delusive and dangerous excitements, which not only disfigure the form and mar the beauty of the edifice, but which jeopard the eternal interest of its undying occupant.

Would to God its principles were better appreciated, and more honestly and faithfully disseminated among the thousands who annually languish and die in utter disregard of its salutary admonitions.

But these are not all the trophies which our art has laid on the altar of science; true she has devoted largely both her time and her talents to the elucidation of the natural phenomena of life—to the study of anatomy and physiology, which so justly form the basis of hygiene and therapeutics, but she has suffered no portion of her wide domain to remain uncultivated.

All nature, animate and inanimate, has been laid under contribution. The earth, the air, and the ocean, have been compelled to yield their share to rejuvenate age, to soothe the pangs of woe, and heal "the wounds that flesh is heir to."

Our Materia Medica, rich in the multiplied experience of two thousand years, embraces every medicinal plant that grows upon the broad expanse of either continent, from the spicy fields of the sunny south, to the ice-bound confines of either pole—every clime has been explored in quest of new varieties with which to enrich her ample and copious catalogues.

Chemistry has been trained and taught for our use to reveal the analysis of vegetable compounds; long subservient to the sublimer alchymist, in his vain endeavor to transmute the baser metals into gold; she has but recently consented to take her true position as the handmaid of science, teaching us lessons which neither gold could buy, nor the arts of alchemy indicate. These are some of the benefits that society is constantly though silently and unostentatiously deriving from the hand of our profession, the great achievement of preserving human life, and the priceless boon she has bequeathed us, to assuage human suffering.

"Yes, their praise shall be sung in all lands; uttered by the blind, whose eyes they have opened; by the deaf, whose ears they have unstopped; by the maimed and halt, and physically deformed, restored by their plastic art to the endowments of social and domestic life, to comely form and usefulness."

These are gifts that seem, at least, to merit public commendation—but, alas, where is the evidence of their public recognition?

Cold, indeed, is that charity which repays such noble acts of devotion to the public health with contemptous indifference.

How few, indeed, of this small number, evince any emotions of gratitude to the beneficent architect of that splendid orb, which for centuries past has dispensed light and heat to the thankless multitudes who bask in its smiles, without an emotion of gratitude for so peerless a blessing.

How few, alas, of the millions who gaze in mute astonishment upon the variegated landscapes which nature has everywhere spread out before us, ever send one grateful orison of praise to the hand that penciled this beautiful panorama.

The sun will, doubtless, continue to shine upon our earth; the atmosphere to enrich it; and the beautiful landscape will, doubtless, still gladden the eye of the beholder through all coming time, despite the ungrateful recognition by the recipients of such transcendent blessings.

ARTICLE XLVIII.

Names of Officers of Auxiliary Medical Societies, 1866.

Brooklyn Academy of Music, comprising the Second and Third Senatorial District:

President, D. E. Smith, M. D.,
Vice-President, E. H. Sands, M. D.
Secretary, H. E. Firth, M. D.
Treasurer, B. F. Stow, M. D.

Eclectic Medical Society of the city of New York, comprising the Fourth, Fifth, Sixth and Seventh Senate Districts:

President, H. M. Sweet, M. D.
Vice-President,
Treasurer, O. S. Gregory, M. D.
Secretary, Paul W. Allen, M. D.

Eclectic Medical Society of the Twelfth Senate District:

President, Josiah A. Martin, M. D.
Vice-President, Alvin Edson, M. D.
Secretary, H. E. Finkle, M. D.
Cor. Secretary, C. K. Brown, M. D.
Treasurer, D. A. Chase, M. D.

Eclectic Medical Society of the Eighteenth Senate District:

President, L. Stanton, M. D.
Vice-President, J. H. Cooper, M. D.
Secretary, I. W. Sargent, M. D.
Treasurer, A. P. Hale, M. D.
Corresponding Secretary, I. H. Cooper, M. D.

Censors.

Drs. L. Stanton, I. H. Cooper and A. P. Hale.

Eclectic Medical Society of the Twenty-Third Senate District:

President, H. C. Gazlay, M. D.
Vice-President, G. E. Lawrence, M. D.
Secretary, T. L. Harris, M. D.
Treasurer, E. Loomis, M. D.

Essayists.

Drs. Scranton, Lawrence, Morgan, Loomis, Salsbury, Hanchett and Douglass.

Eclectic Medical Society of the Twenty-Sixth Senate District:
President, I. Wilson, M. D.
Vice-President, W. W. Wheaton, M. D.
Secretary, P. A. Johnson, M. D.
Cor. Secretary, F. D. Gridley, M. D.
Treasurer, J. French, M. D.

Eclectic Medical Society of the Twenty-Ninth Senate Disrrict:
President, R. Thomas, M. D.
Vice-President, R. Andrews, M. D.
Secretary, E. C. Abbey, M. D.
Treasurer, A. C. Keith, M. D.

Censors.

Drs. E. C. Abbey, O. F. Thomas, J. G. Dolley.

Eclectic Medical Society of the Thirty-Second Senate District:
President, N. F. Marsh, M. D.
Vice-President, James Fenner, M. D.
Secretary, C. C. Johnson, M. D.
Treasurer, A. S. Davis, M. D.

Delegates to State Society.

Drs. A. P. Parsons, H. C. Taylor, H. S. Davis, M. M. Fenner.

Essayists.

Drs. G. W. Carpenter, H. C. Taylor and M. M. Fenner.

ARTICLE XLIX.

Pulsatilla. (Anemone Pulsatilla.) By A. P. Parsons, M. D.

This peculiar plant, a native of Europe, has never been tho oughly tested as a therapeutic agent. In Good's Study of Medicine, vol. 5, p. 147, the only reference made to it is that an extract was used by Baron Stoerck, which is called *Pulsatilla Nigriens*, which is probably the *Anemone Pulsatilla* of Linnæus. The experiments of Baron Stoerck with this agent were such as to induce some others to give it a trial, and with such success as to introduce it into the Edinburgh Pharmacopœia, as a remedy for internal use. Some German practitioners, Schmucker, Bergius and Richter, used it in very large doses, but became frightened with its powerful action, and used their influence against its employment, and it soon went into disuse. Its use was confined principally to diseases of the eye, both internally and externally. It is only referred to in the U. S. Dispensatory, in the Appendix, as a remedy used as a substitute for the *Anemone Pratensis*, which latter article was used by Stoerck, who I suppose is the same Stoerck referred to above. Syphilis, diseases of the eye, cutaneous diseases and whooping cough are the only diseases mentioned in which it was used. The preparation was given in doses of from two twenty grains daily of the extract, whether alcoholic or aqueous we are not informed. The information we glean from our own authors is very limited indeed. King, in his Dispensatory, says very little about it, and does not refer to it at all in his Family Physician, while Paine simply refers to its substitute, *Anemone Nemorosa*, and says nothing of the *Anemone Pulsatilla*. With the homœopathists it is a very important remedy.

The use of the true anemone pulsatilla must have been very limited in this country, owing mostly to the fact of scarcity. Several years ago, while in New York, I accidentally, while in a drug store in Chambers street, heard the article called for by a German physician, who said it was the only thing he found that would cure sore eyes on the low lands of the city where he resided, which disease was always preceded by an eruption resembling scald head. Upon inquiry, the druggist informed me he had sold

none of it except to this German. He ordered it from Liverpool a year and a half previous with other drugs. It was labeled *Alc. Ext. Anemone Pulsatilla.* I purchased it, thinking to use it for scald head, and partly because he urged it upon me. I used it with lard and simple cerate, rubbed together to form an ointment:

R. Ext. Pulsatillæ, grs. x.
Adipis suil.,
Cerati, *aa.* drams ss.
M.

I also dissolved it as follows:

R. Ext. Pulsatillæ, grs. iv.
Aquæ, drams j.
M.

Just moisten the scalp and apply twice each day for three days, then use the unction three days, and so alternate. I now give it internally, *one-half grain three times per day*, instead of stillingia, or other alteratives. In sore eyes of intemperate persons it works works well, in thin, spare patients, but not with those of plethoric habit. I have given it in one-half grain pills in obstinate cases of vomiting in pregnancy, with good results; if dissolved in the mouth it acts more promptly. In venereal disease, for pain in the bones, priapism and chordee it is a prompt remedy, and I doubt not is a valuable alterative in any stage of the disease. Half to one grain pill at bedtime, for a consumptive, especially for tuberculosis, aids expectoration, quiets cough, and produces anodyne effects. It seems to exert a good influence upon the lungs and pectoral secretions generally. If a venoreal taint is apparent, use it three times per day for not more than three days in succession, as its laxative effects may develop themselves actively and suddenly. If there be an undue excitement of the sexual organs, either male or female, push the remedy until quieted; once controlled, a small quantity will maintain its influence. In nervous diseases, it supplies a place in which we often find our usual remedies deficient. Where there is debility and loss of action in the nerve centres, especially if morphia or any preparation of opium has been used, it will rarely fail to give relief. It seems to prevent the loss, or perhaps more properly speaking, to increase the nerve-force, assisting the action of restorative medicines. Whooping cough is somewhat controlled by it. Added to our usual cough syrups instead of opium, it produces good results. The essential tincture, added to simple syrup, so as to give one or two drops ess. tinc. to a teaspoonful, is a very good way to give it. It

will relieve globus hystericus much sooner than opium. Give with warm water with sugar and spirits if convenient. When a prompt action is desirable, five to fifteen drops ess. tinc. repeated every ten to fifteen minutes, until relaxation is apparent.

Dr. Miller, of Minnesota, has tried many experiments with the *Anemone Ludoviciana*, which is described in the American Journal of Pharmacy by A. W. Miller, who finds the properties nearly identical with the article we have been considering, and of this we are now using as a substitute for the other. If it sustains, in all its virtues, the *Anemone Pulsatilla*, we have a remedy in great abundance and of intrinsic merit, which we must investigate by applying the test, which is to give it and watch its action closely. Our ever persevering and practical botanist, Mr. Nuttall, states there are large quantities near the junction of the Missouri and Platte rivers, and thence west to the Rocky Mountains, and later it has been found in Minnesota. It flourishes on dry, sandy bluffs, the same as in Europe, which, with its peculiar characteristic resemblances and similitudes, led to the conclusion that it is destined to act as a perfect substitute. I hardly think it possesses the power, for I notice in giving the ess. tinc., which I procured from Cincinnati, a prompt effect is not so apparent, and it is more inclined to produce nausea. I once procured some of the homœopathic tinc. which answered a very good purpose, but that procured since was worthless. Its most prominent effects are *nervine, anti-spasmodic, antaphrodisiac, expectorant, emmenagogue and diuretic.* It will sometimes produce griping (but rarely nausea) with copious watery stools. Its active principle, the resinoid *anemonine*, I have not tested much; that article which I used perhaps was not pure, or at all events did not produce the effects I looked for in several cases, and I have not obtained any other specimen. My preference is for the essential tincture.

ARTICLE L.

Cholera Asiatica: The Cholera Atmosphere; Pathology, Symptoms, and Treatment of the Disease. Delivered before the Eclectic Medical Society of the city of New York, May 15th, 1866, by EDWIN FREEMAN, M. D., Professor of Anatomy in the Eclectic Medical College of the city of New York.

It is my object in this paper not to review the entire history of this terrible scourge, neither will I give all the theories of its action on the system, nor every remedy that has been proposed for its cure. I will try to explain, however, what in my opinion the "cholera atmosphere" is, how it is produced, how it affects the human system, and what are the best known remedies for the cure of the disease, at the present time. Cholera is a zymotic disease—epidemic in its influence, and not contagious. It is proved to be transportable, by currents of the atmosphere, for short distances and by persons and things, as baggage and goods of various kinds, closely shut up, inclosing some of the poisoned atmosphere. Its track is always along the lines of travel, and general tendency is from east to west, having had its origin on the banks of the sluggish rivers of Eastern India, where its average march of progress was about twenty-two miles a week; and in Europe from eighty to one hundred miles a week; no faster than a ma can travel. It may be introduced into a locality and die out, not spreading as an epidemic, because the local conditions are not present for its support. When those conditions exist in force, it shows its power, so as to be the dread of all, attacking weak and strong, young and old, without regard to sex or condition.

Its causes may therefore be said to be *specific* and *local.*

The specific cause is the cholera poison as it originated on the banks of the Hoaghly, or appeared on the Delta of the Ganges, or, as in the last epidemic that swept over Europe, and now threatens us, in the caravan of pilgrims from Mecca. It consists of the emanations from the decomposition of concentrated filth, both animal and vegetable, under a high atmospheric temperature. Those emanations probably consist of particles of organic matter of a highly putrescent character, thrown off into the atmosphere, with the gases of decomposition, and having the property, when introduced into the organism, of acting as a ferment, and inducing a strong tendency to decomposition. It is well known to the physiologist, that a small quantity of a powerful agent—the putrid

matter introduced on the point of a needle, in the inspection of a dead body, or a single drop of concentrated prussic acid placed in the mouth of an animal—is sufficient to destroy life. During the height of cholera, when the air is thoroughly poisoned, birds and beasts are warned of its influence in the atmosphere, and retire from their usual haunts into the inmost recesses of the forest. In a former outbreak of cholera on the coast, "carrion crows ceased to make their appearance, although there were plenty of dead cattle found in the fields." Cabbages, radishes, and other vegetables, after sprouting up a few inches from the soil, would suddenly be seized with a blight, and in a few days they would wilt and die. The poison is reproduced by every person who takes the disease, and has choleraic vomiting and purging: those ejections and dejections throw it off into the atmosphere, which thus accumulates the poison as the disease spreads, until the height of the epidemic is reached: When thrown off into an atmosphere filled with the emanations from filth, as in the crowded and dirty portions of a city, their putrescent tendency is highly intensified,—by this condition of the air, and the absence of ozone which has been taken up by those emanations, it being a preservative principle necessary to life, which unites with putrescent material in the air to destroy it. Currents of air are constantly changing, especially in cities,—a rare and a dense atmosphere interchanging, and thus the poison rapidly spreads. It may be wafted from a place where it has become intense, by those currents and interchanges, and appear anywhere in their course where the local conditions are developed. A person may receive the poison into his blood, and after traveling far beyond the limits of the epidemic or the reach of atmospheric currents, may develop the disease in himself, as has often been demonstrated in the case of persons running from the cholera; and the local conditions being present, his ejections and dejections may so poison the air, that it may give rise to the epidemic in that locality, and thus it is that it spreads and becomes general.

What, then, are the local conditions? They are—First. "Irregular climatic movements—a high and low barometer, and mostly the latter, and a high and low drying power, and mostly the former."

Second. "Filth and impurities of all kinds, in the largest sense, constituting the great physical enemy of the well-being of man, as street and kitchen offal, the refuse of stores, the drainage of sugar and molasses hogsheads, of stables and vaccaries with

deficient ventilation, slaughter-houses, soap, tallow and bone manufactories, privies, cemeteries, swamps, and crowded dwellings, where many diseases originate, and others cannot be cured without removal." It exists, to a proportionate extent, wherever there is a defect in domestic or personal cleanliness; in fine, whatever impairs the purity of the air we breathe, the food we eat, or the water we drink. They are all resolvable into the first, for it is through it mainly they obtain access to our aliment and drink, and through the lungs reach the source of all vitalization.

It has been as truly as beautifully said, that "though we do not see the air, we feel it, and what is more, we breathe it. We live by breathing it, insomuch that it has been well said, that as plants are the children of the earth, so men are the plants of the air; our lungs being as it were roots ramified and expanded in the atmosphere; and this in fact is the chief avenue by which the filth and damp of towns that are not well drained and cleaned, introduce their poison into the human system." The special gases eliminated from privies and other sources of vitiation, just mentioned, are found to be composed mainly of sulphuret of hydrogen and ammonia, one cubic inch of which, in three hundred of air, renders it too noxious to sustain life. Where it exists in a smaller proportion, it must, of necessity, correspondingly affect the health. It is known that where the air is most impure, from those causes, the mortality of cholera is greatest.

In the Spring of 1833, in Wheeling, Va., the mud and sweepings of the market, and other impurities, had accumulated to the depth of several inches over the whole surface. This dirt was gathered into heaps and carted to the river bank, just two and a half squares and the breadth of a street from the end of the market-house. The wind at the time blew directly in a line from the pile of dirt to a thickly-settled part of the town. Between midnight and daylight the next morning nearly every member of two families living in the nearest house was seized with cholera, and three or four of them died. Others in the neighborhood were taken at the same time, whilst all the houses fronting on the square became the abode of the fearful malady. "In Cincinnati, Ohio, during the epidemic, a frame building was inhabited by thirty-three persons, eight occupying four rooms, two in a room. The rest were crowded together from eight to five in a small room. Cholera appeared, and of the twenty-five, twenty-three died; of those less crowded none were attacked." It is useless

to multiply cases. The local conditions intensify the effect of the specific poison, and from the two we have epidemic cholera.

"Epidemics," says Dr. Edward H. Barton, "derive their power and spread themselves from certain unusual circumstances and conditions that are required to give them activity, and the important fact is clearly inferable, this being the *sine qua non*, *they form them*. This, in the nature of things, from its wide-pervading, direct, and almost immediate influence over an extensively spread population, must be atmospherical; and the admission of a wide-spread atmospherical element, as a necessary constituent, draws after it an important if not inevitable influence, in its being a conclusive answer to all averments of its contagious qualities; not that a contagious disease cannot become epidemic (although very rare), but the difference is, that a contagious disease never loses that quality, and epidemic disease does, directly it is removed out of the sphere of the epidemic atmosphere, which has always bounds and limits, however extensive it may be, and beyond the localizing conditions already pointed out."

I have tried to explain what the cholera atmosphere is—that the specific cause must be introduced—other causes being local; and that the atmosphere is still further fatally poisoned by the particles of putrescent matter escaping into it from the vomitings and excrements of cholera patients. This is proved by the case of the steamship Atlantic during last fall, that brought the cholera as far as the quarantine grounds in New York harbor. The disease spread among the steerage passengers, who used a water closet in common, and who in an emigrant ship are always more or less filthy and crowded, while the cabin passengers, who had one separate in their own quarters, were free from the disease. It has been said that where cholera prevails there seems to be a want of oxygen in the air, in the usual proportion, or an absence of ozone, which it is said is that gas in a highly electrical condition; and cholera has been attributed to that as a cause. In my opinion, if such be the case, it might be attributed to the fact that the gas unites with the putrescent particles of organic matter, present in such quantities, for their destruction, as it always does in the process of decomposition, for ozone exists in the air in the proportion of one part to ten thousand, and is generally absent in filthy localities, as in crowded parts of cities.

Pathology. This poison, then, being introduced into the blood through the atmosphere, acts as a ferment, reproducing itself (pos-

sibly from the albumen), destroying its integrity, and impeding all vital actions. Its first impression is, through it, upon the most delicate and sensitive of organized structures, the *nervous system*, and most immediately upon the ganglionic, or great sympathetic nervous system, which controls all operations within the body for the sustenance of life. That it affects the spinal system is also evident from the clonic spasms of muscles of particular parts, and of the whole body, resulting probably from the irregular supply of nerve force, and the condition of the blood that so thoroughly permeates every tissue—thoroughly poisoned; deprived of oxygen, its vitalizing element, and losing its power of nourishing those tissues. The effect of the poison on the ganglionic system, whose center is around the cœliac axis, and which sends ramifications along the great arteries arising from it and from the aorta to the liver, spleen, stomach, intestines, kidneys, &c., is that of a powerful depressent, almost amounting to a paralysis of its functions, so that nervous force is not generated sufficiently to carry on vital operations. The effect is proportionate to the intensity of the poison and the susceptibility or vital power of resistance of the individual. The small branches next to the capillaries, of all blood-vessels supplied by the ganglionic nerves, contract with but little of their normal force, and consequently there is induced a passive congestion of the capillaries, the impetus from the heart not being sufficient to force the column onward to the veins, and thence to the centre of circulation; for it is well established that that force must receive fresh impulse from the contraction of those small branches, to complete the circulation through the capillaries to its centre. There is also a similar loss of contracting power in similar branches of the pulmonary artery, from the same cause, their nervous supply being from branches of the sympathetic nerve derived from the neck. Post-mortem examination reveals congestions of all those abdominal organs mentioned, except the lungs, sections of which develop that the radicles of the pulmonary veins and the left side of the heart are empty. It would probably be otherwise, were it not that they are so near the great pumping apparatus, the heart, which works and throbs to supply the exhausted general arterial circulation. The stomach and intestines have also partially relieved themselves; for the atonic walls of their capillaries let out the serum of the blood, which is poured out in great quantities, where there is so little resistance, as upon the free surface of the mucous

membrane of those organs, loosening and disengaging the epithelium, and washing it away with the profuse discharge. Undoubtedly, a great deal of the poison escapes in this way, and is thrown off through the mouth and anus, allowing persons to recover who otherwise, by the effect of the poison increasing its activity as the system became weak, would have succumbed to its effects. In cases that have recovered, it has been noticed that the first urine voided was merely serum, with sometimes blood corpuscles floating in it. Many cases have occurred of persons dying very speedily of cholera, without any evacuation, but where all the other symptoms are present. In those cases the whole effect of the poison was continued, without nature having a chance to rally by the withdrawal of part of the poison by the evacuations. Undoubtedly, those who vomit and purge have the best chance of recovery under proper treatment, the poison seeming to seek to be thrown from the mucous surfaces. The blood becoming thick, the *vis-a-tergo*, being feeble, is not sufficient to force the column onward with any degree of rapidity to the heart, and it is accumulated in the large veins, and of course withdrawn from the general arterial circulation; hence blueness and a shriveled appearance of the surface of the body. With this condition, and with that of the mucous membrane of the alimentary canal, the lining membrane of the bronchial tubes and terminal air cells of the lungs sympathise; and the delicate cell walls become unfit for the interchange of gases through them, oxygen being thus excluded from the blood and carbonic acid retained in it. The latter gas, with the retention in some degree of the secretions of the liver and kidneys, and the loss of the watery elements, gives the blood that black, tarry appearance it possesses after death. The want of oxydation of the blood is the cause of the reduced temperature of the body, the surface being cold and the breath colder than the surrounding atmosphere. The patient, however, complains of "burning up;" but that is the result of exhaustion of the nervous system, or general result of the poison, rather than that of heat.

If this theory of the pathology of this disease be true, it will readily account for the well-known effect of fear, in predisposing to the disease—depressing the nervous energies, and making them susceptible to be still farther reduced by the powerful action of the cholera poison.

The *symptoms* of cholera may be divided into three stages, according to the progress of the disease:

First, the *premonitory stage*, in which there is a slight diarrhœa, last one or perhaps several days—which the patient is very apt to neglect, but which is not always present. This is invariably accompanied by a condition of weariness and lassitude, which terminates very speedily in prostration of the vital energies. In the second stage, this symptom is always present, without exception, and should always give the patient warning of what is coming. It exists where there is no premonitory diarrhœa, and does not seem to depend upon the exhausting influence of the profuse discharge. In this stage there is sometimes a distressing uneasiness in the stomach and bowels—often extending over the entire body; not sufficient, however, to be regarded as actual pain. There is often an unnatural taste in the mouth, also a furred tongue, which soon changes, however, as the active stages become developed, when it becomes cold and red, the coating passing off.

The *second stage* is characterized by nausea and vomiting, with purging of the most violent kind, the discharges having the peculiar appearance of rice water. After the first evacuation from the bowels, there is generally no fœcal matter to be seen. There are also twitchings or crampings of the muscles to a greater or less extent—which, if not relieved, soon become general and exceedingly violent and painful. There is an uncontrollable desire for cold water, which is thrown off as soon as swallowed. The pulse is feeble and rapid, in proportion to the diminution of the vital force.

The *collapsed stage* is most generally the sequel of the two preceding stages; but in a few cases it comes on without vomiting or purging—as the result of the powerful effect of the poison upon the nervous system. It is characterized by powerful crampings of the whole body—mostly of the extremities—a shrivelled, cold and bluish condition of the skin, and general prostration. The pulse can scarcely be felt. There is great indifference manifested by the patient to what is going on around him, and in this condition he passes off rapidly, if the means used are not successful for his recovery.

Treatment.—It is evident from what has been said, that on the threatened appearance of cholera, it is the duty of every individual to see that the sanitary condition of his premises and surroundings is the best that is possible, and that all filth of every kind is removed, and the surface washed with a solution of lime, or some more powerful deodorizer, as "sulphate of iron, perchloride of

iron, sulphate or chloride of zinc, or nitrate of lead, in solution of 1 part to 10 of water," any of which will purify the air of noxious gases that may escape into it. Privies and water-closets should be emptied and kept clean, and thoroughly disinfected, by throwing into them either of the above articles, of which sulphate of iron is perhaps the best and cheapest, and chloride of lime, which destroys particles of organic matter in the air. Street filth should be removed far from the neighborhood of human habitations, and those establishments that poison the air with their disgusting odor should be suppressed. Dwelling houses should be well ventilated, and not over crowded, obliging the emanations from the body to be breathed over again, by the occupants. Indeed, every measure should be adopted that is possible to reduce the local causes necessary for the development of the epidemic, to as low a minimum as possible. Another very important measure is the destruction of the poisonous qualities of the ejections and dejections of the cholera patients immediately that they are thrown off from the body, which would go very far toward decreasing the virulence of the epidemic. Wood or peat charcoal, or chloride of lime, soda ash or caustic soda in solution, or Conde's or Labaraque's fluid for disinfecting, can either of them be placed in the vessel into which the discharges are to be received, and will answer well the purpose indicated; they are all true disinfectants, and some one of them should be in every house for that purpose. They can be used to disinfect buildings, or either sulphurous, nitric or nitrous acid fumes or bromine, placed in open vessels in the room to be cleansed, may be used with a like effect. Camphor worn in the pockets, and the smoke of tobacco, are said to be prophylactic.

Too much attention cannot be paid to the premonitory diarrhœa. Absolute rest in the recumbent posture is imperatively required, so that no demand will be made on the nervous centre for force that it cannot supply, and this position should be maintained until there is complete relief, even if it should be several days. A stimulant and astringent may be given to check the discharges and prevent prostration. A good combination is, R. Xanthoxylin, Gum Camphor, Geranin and Pulv. Kino *aa*, ½ grain *M. F. pill*, to be given every hour until relieved, or not so often, if the case does not seem to demand it. *Paregoric*, in half or teaspoonful doses may be sufficient for the purpose. The neutralizing cordial of the Eclectic Dispensatory is an excellent remedy in this stage,

especially when taken in conjunction with the astringent mentioned above, or with a preparation made by adding one ounce each of pulverized cinnamon, cloves and gum guiacum to one quart of good French brandy, in doses of from two teaspoonsful to a tablespoonful every twenty minutes, to an adult. At the same time bottles of hot water, hot bricks or stones, should be placed around the patient, warm clothing placed over him in bed, mint or cinnamon tea given him, and a warm, copious perspiration induced, and continued for several hours. This course will give great and complete relief, even if there be nausea and vomiting, with diarrhœa. Slight diarrhœa may be sometimes relieved by rest, and the ordinary domestic remedies in use in every family.

Articles of food different from what are ordinarily eaten, as well as those that are apt to excite to diarrhœa and cholera-morbus should be avoided. Yet no one should starve himself to keep off the disease, but make his diet as plain and substantial as possible, and keep up his natural strength as a protection against it. If proper care be exercised, the disease may progress no farther than the preliminary stage—nature be sustained until the poison is eliminated from the system, and the health of the patient re-established.

In the *second stage*, great effort must be made to draw the blood into the general circulation, and increase the heat of the body which is not supplied in the natural manner. We have a powerful agent in the blanket, dipped into hot water and wrung out as dryly as possible and wrapped around the patient, who is then to be enveloped with warm dry ones. This produces a much more powerful effect than the hot bottles, bricks, &c., and is invaluable in the collapsed stage as well as this. Friction of the limbs and body should be resorted to whenever possible. Vomiting may be allayed by a strong cataplasm to the epigastrium, and the internal use of peppermint, spearmint and camphor-water, of each an ounce, and tincture of opium, two drachms, in teaspoonful doses every five or ten minutes. The tincture of the berries of the *Xanthoxylum fraxineum* should be given in teaspoonful doses every ten, fifteen or twenty minutes; or, in the same doses, what is called Hunn's Life Drops—℞ oil anise, menth-piperitæ, cajeput, carophylli, *a a* ʒ j, alcohol, ʒ iv. M. A combination of this preparation and the tincture of xanthoxylum, in equal parts, is also very excellent. Either of these agents should be administered *per rectum*, if the

patient cannot retain it on his stomach; in either case it produces a powerful and wonderful effect.

They seem to act as a stimulus to the organic nervous system, not only exciting the organs to their proper and natural action, but powerfully sustaining them. Their first and immediate effect, as described by patients, is "like that of an electric shock," and is felt in every part of the body in the production of immediate relief. Those small arteries begin to work more vigorously, and forcing the blood on, relieve the congestion; blood is producing its natural effect upon the tissues, for it reaches them, and contains more oxygen; the body recovers its normal heat, nerve-tissue receives its proper stimulus, the clonic spasms cease, and the patient is placed in a fair condition for recovery and saved from imminent death. The sudorific tincture has also been proved to be an excellent remedy, as an adjuvant in this and the collapsed stages. Chloroform also stands high as a stimulant and anti-spasmodic, and has been used with marked success in doses of from ten drops to a half or a teaspoonful, often repeated. A favorite prescription in India, as reported by a gentleman from that part of the world, is—

℞

Opt. French brandy, O ij
Laudanum, ʒ j
Horse peppermint, ʒ j
Black pepper, ʒ iij

M. A wineglassful to be given in as much water. If the patient rejects it, it must be repeated *pro re nata.*

A cataplasm of garlic and mustard seed, stewed together until the garlic turns brown, was applied to the feet and legs, while the same stimulating application was vigorously applied, with friction, to relieve the cramps and spasms of the body and limbs. The effect was described as being sometimes very surprising. In the third or collapsed stage, the hot blankets, Hunn's Life Drops, tinct. xanthoxylum, &c., should be used very vigorously, or any other equally efficient agent that may be known, and the same favorable results will be realized, unless in exceptional cases of feeble vitality or last stages of collapse.

The above treatment, except the receipt last mentioned, was used by the Eclectic physicians of Cincinnati during the cholera epidemic in that city in 1849, with the most wonderful success (as reported in the Eclectic Medical Journal of that city for that year),

curing, on an average, 95½ per cent. in private practice, and 75¾ per cent. in the cholera hospital under their charge, where a majority of the cases were of the most malignant kind, and in the last stages of the disease.

The convalescence under this treatment is rapid, the patient not being liable to congestion of the brain and other organs, nor to the typhoid condition so much to be feared in the after treatment of cholera. Any disposition to alvine evacuations, or recurrence of the disease may be checked by an occasional dose of the same remedy.

ARTICLE LI.

Address delivered before the Eclectic Medical Society of New York City, Auxiliary to the I. E. M. Society, June 20, 1866, on The Position and Wants of Eclectic Medicine, by PAUL W. ALLEN, M. D., Professor of Theory and Practice of Medicine in the Eclectic Medical College of New York.

For a few years past, every village in our country, and in fact almost every family, has had its thoughts and its sympathies principally interested in our great national struggle. In all our land the question has been whether there should be two nations or one nation. Fortunes and lives have been put into this contest to an extent hitherto unknown in all the history of civil wars. The commercial, financial and educational institutions of the entire people have been in a state of unrest and change; and especially has this been true in reference to medical colleges and medical journals. Many colleges have been discontinued, and three-fourths of all the journals ceased to exist. But this great national crisis is past, and every party and every people in these United States have now only to look to the manifest destiny of one people and one Union—one in heart, in hope, in prosperity; a nation to have the grandest developments and the most glorious future that can possibly be conceived of. The young men of America will yet live to see a nation of an hundred millions—the happiest, most intelligent, and most powerful among the nations of the earth.

As medical men, now is the time to ask ourselves: What are the wants of medical education for these millions of American citizens? How shall we, as physicians, and as conscientious and intelligent advocates of Eclectic medicine, discharge our duty? This is certainly a question of interest to every Eclectic physician, and to every person in our country who employs and believes in our practice. We ought to look at our true present position, our means, and what agencies we ought to employ, in order best to secure our honor and success.

The *position* of Eclectics is essentially what it has been since its introduction to the American people and the world. Theoretically and practically, we have rejected, and we do now reject, that wholesale *bloodletting* which has made up a large share of the treatment of allopathists in all acute diseases. Only a few years since, bloodletting was the rule with the thousands of physicians

and writers of this country and of the fatherland. How foolish would any of us have been regarded, twenty years ago, if we had publicly predicted that in 1866, bloodletting would not be the general practice in fevers and inflammations! But we have kept our faith, our practice has proved itself the right practice, and allopathists themselves do not resort to bleeding in one-tenth of the cases in which they formerly did. The teachers of allopathy, the professors in their colleges, still advocate this fatal barbarism, and their graduates far too frequently resort to it. But the common sense of the people, and the superior success of Eclectic physicians, have brought the practice into disgraceful contempt, in the honest minds of the American people. Surely, this is a change and a triumph! A change by which thousands of lives are saved every year, and a triumph to every Eclectic who has been struggling for a right to live and to be honored through these twenty years past.

And yet allopathic writers, when they prepare articles for their medical journals, or write works on the practice of medicine, like Dr. Flint, recommend bloodletting, though with "much discrimination;" and England and Scotland have many among her foremost men who, like J. Hughes Bennett, discard almost entirely the lancet. But the professors in the medical colleges of New York and Philadelphia—the two great centres of medical education in this country—all unite in recommending bloodletting; and their satellites, in all the allopathic medical chairs of the land, echo these sentiments from their halls of collegiate instruction. Take a single instance: Professor Dutcher, of the Cleveland, Ohio, medical college, in a recently published lecture on dysentery, says: "In the more violent forms of the disease, we can only be successful in their management by the prompt, free, and even repeated use of the lancet." With what horror do Eclectics read such instructions to those who are about to assume the responsibilities of our profession! Should it not determine us to cease to send our students to allopathic colleges, and to sustain colleges of our own? Away with such false instruction, so fatal to human life. Let us raise up and richly endow honored institutions of medical learning of our own, which shall teach sound doctrines and far safer practice. Let us be true to ourselves, as well as to humanity, and teach the incoming race of medical men to adopt and honor our own medical convictions, and our own triumphantly

successful practice. Let us sustain no colleges except Eclectic institutions, and let us sustain well our own journals, which have instructed us so much, and which now promise to do far more for us than ever before.

Our position in regard to *mercury* is the same now as ever—*never* to be employed. This potent poison, once administered to every adult and child, we have ever protested against, and podophyllin, leptandrin and other alteratives and cholagogues of great efficacy and excellence have, through eclectic instrumentality, been brought into almost general use. Our success has compelled numerous allopathists to adopt these agents, and they have demanded of Tilden, and of Thayer, who prepare so generally their fluid extracts, to include these in their list of manufactures. In fevers, in portal congestions, and in syphilis, our agents now take the place of calomel, blue mass and corrosive sublimate. But with reference to the use of these agents, the allopathic practitioners are much in advance of the colleges and text-books and journals of allopathy. How did conservative professors, and zealous editors, and medical men in official authority, "come down" upon Surgeon-General Hammond, when he expelled calomel and antimony from the medical chest of the army! Is it our duty, as eclectics, to give countenance and favor and patronage to such medical colleges? to support such journals, while we neglect to establish and sustain our own? to fawn around, and defer to, these editors, and professors, and hospital surgeons? Why do this, while they seek, in lectures and editorials, to decry us all as irregular physicians? They tell their readers and their classes, that eclectics are men who have taken softening of the brain by inheritance, or who are too unprincipled to be respected anywhere. We plead guilty to no want of natural ability, to no reasonable want of acquirements, to no lack of principle, to no want of practical success. Indeed, it is our success, and our liberal and whole-souled willingness to receive the truth from every source, which have made us so dangerous to allopathists. It is our success as rivals, which has made them decry us. If we had not been eminently successful, we should have died out long ago—a want of success would have killed us. But we are successful, and we are increasing in books, journals, colleges, physicians, friends, influence, wealth, power, honor and usefulness. State societies, county societies, city associations, are being formed everywhere. Now is our golden opportunity. The people are with us, science is with

us, success is with us. What is our mission? With colleges and journals sustained by our entire eclectic profession, to demand a fair field and a fair fight with allopathic journals and colleges and their advocates. We have only to organize, unite, and put our best efforts into the work, and we shall become prosperous, wealthy, influential and honored.

We are mostly known in Europe by our "concentrated remedies," and our physicians and pharmaceutists are indeed entitled to lasting honor for these useful discoveries, derived from the fields and forests of America. What is our present position in reference to these? Valuable, indispensable as some of them are, we must not depend too much on all of these agents, nor press their claims too ardently, until they are more thoroughly proven; for, by so doing, we shall disappoint our own practitioners and lose the respect of our rivals. Here, indeed, is one of the greatest needs of eclectic journals. What one physician has a sufficient number of cases, and of just the kind of cases required, to test alnuine, ampelopsine, apocynine, and nearly or quite fifty others of the list of concentrated powders, to say nothing of the alcoholic and common extracts, the fluid extracts, and the concentrated alcoholic tinctures! Almost every physician has a favorable opportunity of testing some one of these remedies in a few cases; and if most of our physicians would do this, and report the cases in the journals, we should soon know the correct value of these several remedies, as well as the efficacy of many others equally valuable, yet to be discovered. Some of the concentrated remedies are prepared from plants, which, in powder or infusion, seem to possess but little therapeutic power; and it is probable that some of them will prove to be of so little reliable efficacy that they will be thrown aside; whilst others have been proved, and will become known, as agents of inestimable value. And thus to prove and make known these agents, the physicians of every section of our land should make their careful observations, and report their cases through Eclectic journals. The correct knowledge of a single remedy is not unfrequently of more practical value toward the success of a physician than the cost of a journal for twenty-five years. No man who understands how to best prepare and correctly use the tincture of veratrum viride, in both medical and surgical practice, would be without that knowledge for a thousand dollars. Let us sustain able professors in Eclectic colleges, and hospitals adjoining, and they, too, will contribute valuable expe-

rience to our journals; a service which allopathists will not do with reference to agents which originate with Eclectics. A distinguished allopathic professor of New England, recently referring his class to some of our agents, stated that "these agents may be good, but, gentlemen, they are used by irregulars, and I advise you to have nothing to do with them." What are Eclectics to expect of such men? Our own physicians, journals and professors have ever been devoted to the development of new remedies; allopathists have ever opposed them, and us. How shall we defeat our own interests, and how cheaply sell our honors, if we do not sustain our own journals and colleges!

But we must bring this hastily written article to a close; and perhaps we cannot more appropriately take leave of our readers, than by remarking that almost every position which Eclectics have taken in reference to remedies, within the last twenty years, has proved true; whilst allopathy has lost almost all of its old, distinctive positions. Eclectics have always reduced inflammation and overcome fevers, by equalizing the circulation by means of relaxants, sudorifics and stimulants. We have sweat our patients, and used unirritating cathartics, and reduced the pulse by nauseants, and we do the same to-day, only adding some new agents. Our old agents are all good. Allopathy has taught, and sought, to overcome inflammation by bloodletting, antimonials, mercury and opium; but allopathy is to-day losing her faith, in a great degree, in all these remedies. Her old agents are being discarded, and, for the most part, a blind reliance on unassisted nature—on doing nothing—is taking the place of their old reducing agents and processes. Allopathy has hung out her banner, inscribed, "do nothing, and wait;" Eclecticism, using all her old agents and many efficacious new ones, puts upon her banner, "do something, do it quickly, safely, surely. Allopathic professors say, "never depart from regular practice;" Eclectic professors say, "always depart from regular practice, if you can do anything better by so doing."

Our freedom of thought; our basing everything upon inductive reasoning, instead of blindly following authorities; our active progressive tendencies, and our earnest investigations to establish a reliable and successful materia medica, must give us glorious success. Let us honor ourselves, honor our cause, honor the science of medicine, by leaving allopathy to die by its own conservatism and blindness, whilst we develop, through the agency of

our own colleges, hospitals and journals, and our already numerous profession, an Eclectic system of medicine—which shall embrace everything good, from every present system, and adopt whatever is truly valuable in the future fields of medical and surgical discovery.

ARTICLE LII.

Constitution and By-Laws of the Eclectic Medical Society of New York City.

Preamble. The undersigned physicians hereby agree to constitute a society to be called the "Eclectic Medical Society of the city of New York," having for its object the promotion of medical science, and to be governed by the following constitution and by-laws as a permanent rule, not to be changed without the concurrence of two-thirds of all the resident members of the society.

Article I. The society shall be governed by the usual parliamentary rules, and shall have the power of adopting such measures, rules and by-laws as may be necessary to forward the general interests of the members as medical men. But no by-laws shall be adopted nor tax laid upon the members, unless by the majority of two-thirds of the members present at a regular meeting, or at a special meeting properly called. Nor shall any resolution be considered valid and binding, unless one-half of the resident members were present at the meeting when it was adopted.

Article II. The officers of the society shall be a president, vice-president, secretary and a treasurer, who shall perform the usual duties of such officers, and who shall constitute the executive committee of the society for the general management of its affairs and for the transaction of all business not delegated to special committees. These officers shall be selected by ballot annually, at the first regular meeting.

Article III. The society shall hold such regular meetings as may be appointed by a majority of the members present at a regular meeting or such special meetings as may be called by the executive committee, or by six members, with due notification of all in each instance.

Article IV. The graduates of all respectable medical colleges and physicians who have sustained a reputable practice for at least four years, and respectable pharmaceutists, shall be eligible to memberships in this society.

Article V. Any non-resident of this city who is a graduate of a respectable medical college, may become eligible to honorable

membership in the society by forwarding to the secretary such documents as certify to his respectable professional position.

Article VI. Applicants for membership in this society shall deliver to the secretary their written proposition to that effect, accompanied by the recommendation of at least one resident member. All votes relating to membership shall be by ballot, and a majority of four-fifths of all the ballots cast shall be necessary to elect.

Article VII. Any member may be officially censured, invited to withdraw, or expelled from the society for improper conduct, by a vote of four-fifths of the resident members at a regular meeting, provided that a specific charge be made in writing, and that a due notification of two weeks be given of the time and action thereon.

By-Laws.

I. The society shall have a session upon the third Wednesday evening of each month, at 8 P. M. in summer, and at 7 P. M. in winter.

II. The code of exercises shall be as follows, viz.:

1. Calling the house to order by the president.
2. Calling roll by secretary.
3. Reading minutes of previous meeting.
4. Election of new members.
5. Reading of essays.
6. Discussion.
7. Report of cases.
8. Transaction of business.

III. At each regular meeting of the society the president shall appoint two members, by their consent, who shall prepare and read at the subsequent regular meeting, essays upon subjects selected by themselves. The president shall appoint a permanent committee of four, who shall prepare subjects for discussion, any member having the privilege of presenting a subject for said committee. The president shall first read all the subjects presented, then select one from the number and read it to the society, and if a majority approves of it, it shall be the subject for the next discussion. If it be disapproved by a majority, then he shall select another, and a vote be taken upon it, and so continue until a subject be chosen. If the whole list be presented without a choice being effected, then the president shall name one which shall be the subject for the next discussion.

IV. It is recommended that essays be brief, but more than thirty minutes shall not be consumed in the reading of any essay, unless by special permission of the society.

V. Essays shall, as soon as read, be open to criticism by all the members, but no person shall be allowed to criticise longer than five minutes upon the same essay, nor more than once. After all the criticisms are delivered, the author shall be allowed to reply.

VI. Essays, as soon as delivered, shall be regarded as the property of the society, and a copy of the same shall be placed in the hands of the secretary forthwith.

VII. At the first annual session of this society, the president shall appoint a committee of two, who shall examine the various essays, and recommend for publication.

VIII. The debates shall be governed by the usual parliamentary rules; Jefferson's Manual being received as authority.

IX. No member shall be allowed to speak more than once upon the same subject, until the members who desire, have had an opportunity of expressing themselves thereon. Nor shall any member be allowed to speak for more than ten minutes upon any subject, unless by special permission of the society.

X. When a member is accused of improper conduct, according to the provision made in article VII of the constitution, a committee of three shall be appointed by the president to investigate the truth or falsity of the charge, and report the same in writing to the society at a regular meeting, corresponding with the meeting terminating the two weeks' notification of the member. If there be found sufficient evidence to inculpate the member, he shall at once be placed upon trial, and shall have every fair means allowed him for defence. If, however, he does not attend the first meeting of which he has been notified, the trial shall be postponed until the next regular meeting, and of which the secretary shall duly notify him; when, if he be again absent or furnish no good reason in writing or otherwise for his absence—to be considered and acted upon by the society—the trial shall proceed, and he to be judged according to the evidence presented concerning his case. But if at the second meeting, a reason be offered for his absence satisfactory to the society, the trial shall again be postponed until the next ensuing meeting; when, if again absent, he shall be censured or expelled for contempt, according to the merits of the case. If, however, the said member shall subsequently appear

within six months after the preferment of the charges against him, and demand a trial, he shall be entitled to a hearing of his case, and the decision shall be in lieu of the action had in the charge for contempt.

XI. Five members shall constitute a quorum for the transaction of all business calculated to carry out the objects of the society.

XII. Any amendment to, or alteration of these by-laws, shall be offered and laid over until the next regular meeting of the society, two-thirds of the votes cast being necessary to its adoption.

ARTICLE LIII.

Extracts from the address of C. E. Heaton, M. D., of Black River, N. Y., delivered before the 18th Senatorial Eclectic Medical Society, of the State of N. Y., Jan. the 11th, 1866, at Watertown, N. Y.

The Doctor after noticing the various divisions of the medical profession and the deep and lasting opposition to the eclectic system of medicine by other schools, remarks as follows:

But like every other discovery which is calculated to promote the happiness of mankind, eclecticism is destined to receive from medical bigots, criticism similar to every new discovery and essential improvement. Notwithstanding this opposition, those engaged in the enterprise have calmly pursued their labors, most cautiously investigating the various systems of medicine, culling from each, all that science and experience proved to be valuable.

We have so instructed the people relative to their destructive system of mercurialization and blood-letting, and other injurious and poisonous agencies, that the allopathists have been compelled to very essentially modify their treatment.

Formerly, they blistered and bled for every trifling disease. Now the people will not tolerate the practice and they are compelled to abandon it.

Formerly they gave large doses of mercury, producing salivation, ulceration and destruction of the tissues of the mouth, liver, stomach and lungs. Now by the superior intelligence of the people, they are compelled to use less of the poison.

Thus while they refuse to acknowledge our claims, and adopt our improvements, they have been compelled to abandon many of the most destructive features of this practice as the result of our labors and influence. And we have the most sanguine hopes that the time is not far distant, when all the evils of their system will be supplanted by the more rational practice of American Eclectic Medicines. Having hinted at what we conceive to be some of the facts relative to the past and present condition of medicine, we now proceed more directly to consider some of the principles which guide the American movement for the reform of the medical profession.

1st. A determined effort to ascertain more fully the *modus operandi* of medicine, and to ascertain their real curative powers.

2d. To continue our researches in the vegetable, mineral and animal kingdoms, for the purpose of developing resources for the removal of disease.

3d. To introduce into the profession, a spirit of liberality and progress, to dispense with all party creeds, and to overcome all party prejudices among the different members of the profession.

4th. That it is the duty of every physician to investigate each system of medicine and make its valuable resources available for the relief of the sick.

That both science and experience have demonstrated that the use of mercury, lead, zinc, arsenic, and nearly the whole catalogue of minerals, incompatible with the organic tissues, is a fruitful source of disease, and dangerous to life. That blood-letting is one of the most dangerous practices, which experience has found to be positively injurious in all cases.

That it is far better to leave the disease to the unaided efforts of nature, than to attempt to remove it with medicine, unless its indications are demonstrated by observation and science. That investigation and research into the nature and cause of disease should be encouraged, and all facts relative to medical science should receive due attention. To discourage by every honorable means the baneful practice of constant drugging for all trifling complaints. But to investigate and adopt the physiological and hygienic methods of curing and preventing disease, by a proper regulation of the diet, by temperance and a rightly applied physical training.

That the practice of physicians in spending their time in idle conversation, electioneering and otherwise in pursuits foreign to the profession, disqualifies them for practice, and that to be a skillful physician the whole energies of the body and mind should be devoted to the profession.

To avoid adopting any set of dogmas in medicine as infallible, we must bear in mind that a constant change of opinion, relative to the fundamental practical principles of the art, shows what man supposed to be true at one time have been proven to be entirely erroneous at another, and that the only means of advancing medicine to the rank of an exact science is by the constant rejection of all errors, and the reception of new and well attested truths. Our object then is to combine the two extremes of the profession—the ultra conservative and enthusiastic reformer.

As a conservative, we would pay due respect to the labors and

discoveries of our predecessors in the profession, and adhere with commendable zeal and dignity to those doctrines which long usage and extensive experience and science have demonstrated to be true.

As reformers, we would extend our researches in every direction which promises accession to the already existing stock of medical knowledge, paying no homage to the learned pedantry or aristocracy of the profession, only so far as it has contributed to the advancement of science.

Finally, that we adopt and adhere to the facts of the conservative, and enter into the labors of the reformers with equal cordiality. We would use all practical means to inform the public upon the subject of medicine in all its departments, that they may be prevented from trusting their lives and health in the hands of men ignorant of the principles and practice of the profession.

We would cultivate a spirit of true eclecticism, liberality and progression, and to show the positive necessity that every physician or student of medicine, who would acquit himself with honor and fidelity to his practice, should not only go through ordinary and preliminary course of study, but that his whole time and attention should be devoted to the investigation of all the therapeutic resources of every school of the profession, selecting from each that which science and experience has proved beneficial in the treatment of disease.

It will be seen from the foregoing that the principles laid down as the basis of American medical reform cover every department of medical science. That we propose to annihilate the boundaries of party limits, to break the shackles which bind the conservative to his dogmas, to reinvestigate existing symptoms of medicine and studies anew, all the laws of life and health, to ascertain to what extent health may be promoted and disease prevented. This is the work which has been commenced by American medical reformers, and to the completion of which they will consecrate their future labors.

The therapeutic principles which guide us then are neither exclusively homœopathic, hydropathic, allopathic nor botanic, but by an intimate knowledge of the laws of life and organic elements of the different tissues, with a correct view of all the causes and influences brought to bear upon the human organism, together with a knowledge of all the physiological and pathological changes connected with disease, we are enabled to adopt such principles of cure as the nature of the case may indicate.

In the choice of our remedial agents, we claim equal independence and liberality, selecting from each system such as science and enlightened experience prove to be beneficial to the afflicted, having formed no definite boundary to our researches, for as yet no theory of medicine, as an independent system, has been able to stand the test of scientific analysis and experience.

The following remarks of Thomas Jefferson, in a letter to Dr. Worcester, are to this point. He says: "I have lived myself to see the disciples of Boerhauve, Cullen, Stahl and Brown succeed each other like the shifting figures of a magic lantern," and the practical predicated theories as changing as its sister theory; and we of the present time have most of us witnessed one entire revolution in theory and practice of medicine, while we at this present moment are on the last quarter of a fast fading system.

Where is the practitioner so wedded to the past, so tenacious of early practice, and so uncompromising of change as to risk his reputation or the lives of his patients on the practice of twenty years ago. It is more than probable that before another half century has passed away the present system of hydropathy, homœopathy and allopathy, like the systems of Hoffman, Boerhauve, Cullen and Brown, will be remembered as relics of the past.

The well attested truths of each will no doubt be treasured up by the democratic or American eclectic cultivators of medical science, to contribute to that perfection in medicine which will enable it to take rank with chemistry, geology or mathematics. To accomplish this is the object of American eclecticism.

ARTICLE LIV.

Rheumatism. Its Pathology and Treatment. Read before the State Eclectic Medical Society of New York, June 1866, by H. L. FIRTH, M. D.

Previous to entering on the discussion of the subject of rheumatism, I will premise by stating that there are but few subjects upon which authors so much differ, not only with reference to the treatment, but also the pathology of the disease. It is somewhat amusing to read the views and theories of different individuals on the subject; the various modes of treatment recommended by different authors are in harmony with their theories and are as dissimilar as their temperaments or mental peculiarities.

The disease was unknown to the ancients; the first mention of it by medical historians was in 1620, by Dr. J. Vigier, of Genoa. It was for some time confounded with gout, under the head of arthritis; subsequently, Borhaave, Hoffman and Juncker, described it with tolerable accuracy; but little mention is made, however, with reference to its pathology, up to the nineteenth century. The student will discover that it is a subject of considerable discussion and speculation at the present day.

The term rheumatism is derived from the Greek, and signifies to flow, diffuse, spread; the varieties of the disease is owing to constitutional peculiarities, rather than to any specific difference in the morbid influence. The division of the disease by authors into acute, sub-acute and chronic, although not definite, serve for convenience to distinguish in some degree their pathological differences. Some authors make the division of the disease in accordance with its location: In the first class they rank those that connect parts, as the tendons and aponeurotic expansion of tendons. Second, those which divide and envelope particular organs, as the muscular facia; the periosteum; the fibrous coats of nerves; the membranes that have on one side serous coats, as the dura-mater and pericardium; the fibrous sheath of tendons; fibrous and senovial capsuls of joints, &c. Embraced in these, we have neuralgical, synovial, cervical, facial, lumbar, periostial, intercostal, &c., to which may be added the gonorrhœal and mercurial rheumatism.

With regard to the pathological condition of a rheumatic patient, a striking peculiarity presents itself with regard to the blood; whether that peculiarity is the cause or result of rheumatism, is a point not fully settled, and one to which we wish to direct attention, as upon a correct knowledge of the cause producing certain conditions do we base our prognosis and apply our therapeutics.

We find upon a close analytical examination of a rheumatic patient, that the fibrine and fat increase, while the albumen and red corpuscles of the blood decrease; the serum becomes changed to a deep yellow appearance; the urine is mostly high colored, sometimes of a purplish hue, its acid reaction is decidedly marked; crystallized uric acid is often deposited in the sediment; acetic and phosphoric acid have also been frequently discovered; likewise lithic acid, oxalate of lime, urate of ammonia, &c., while the blood and other fluids of the body usually present an acid reaction; yet in some cases, especially in which the spinal cord is implicated, an alkaline reaction has been observed.

The theory of a peculiar offending matter existing in the blood or system, and giving rise to the symptoms as presented in rheumatism, has able advocates at the present day. Dr. Wood and other able authors doubt the existence of any such offending cause, and regard the theory as purely speculative. They do not deny the presence of acids, but argue that their presence is also detected in a variety of diseases that have no resemblance to rheumatism whatever.

The late Prof. I. G. Jones, of Cincinnati, has labored somewhat, to establish the theory that rheumatism depends upon spinal irritation, and that the distinctions arise from an excited state of the nervous radicles. He says: "We will seldom fail to find a tender point by a careful examination of the spinal column."

Dr. Copland states: "That although rheumatism is owing to geographical and social circumstances, and a prevalent disease in many localities, yet it is one, respecting the nature and treatment of which, there exists the greatest diversity of opinion and the least amount of undisputed knowledge." The remarkable prevalence of the malady, the diversity of the doctrines, and the several important pathological relations suggested to the thinking physician by the manifestations of the disease, are of sufficient importance to direct investigation with greater energy than has been bestowed upon it, and with more success than has hitherto signalized it.

Dunglison, in his Cyclopedia of Medical Sciences, says: "The period of life most subject to rheumatism, is from puberty to thirty-five years; although no age is exempt, it more rarely occurs in the very young or the advanced aged." He states: "That this circumstance, alone, would seem to indicate some connection between rheumatism and fullness of habit or plethora." Upon this theory he bases an argument, claiming that a redundancy of nutriment is chiefly the exciting cause.

Prof. King remarks in his work, that "There is a great diversity of opinions among medical men, as to the true character of rheumatism; some locating it in the fibres and muscular tissue, and others viewing it as an acute nervous disease. The latter view he thinks is the nearest correct, although he admits that the matter is not settled. He accounts for the severity of the pain by the expansion of the muscles and their pressure upon their accompanying nerves, the acuteness being augmented by the different degrees of pressure, as well as the different degrees of sensitiveness of these nerves." He favors the idea that the blood is primarily the origin of the disease.

The direct causes producing rheumatism are, in my estimation:

1st. A peculiar rheumatic diathesis, which in most cases is inherited, and more frequently found in those persons of a nervo-muscular temperament.

2d. Depression of the "vital force," by deranged nutrition and other influences that disturb the balance between the secretory and excretory functions.

3d. The presence in the blood of chemical constituents incompatible with its normal condition.

The disintegration of tissue which is constantly and physiologically taking place in the human system, is provided for and antagonized in health by the functions of nutrition; the functions of secretion also antagonize the functions of excretion, and upon a balance or equilibrium of these several functions does health depend. It is a law of physiology that different tissues of the body are endowed with different degrees of vitality, and the tissues furthermost removed from the general current of vital action are the slowest to disintegrate; the simple fibrous tissue (the most subject to rheumatic attacks) are so chemically compounded that their liability to change is comparatively small, and when abnormal disintegration does take place, it is more frequently owing to direct mechanical or chemical causes. The muscular and nervous

tissues are more vitalized and are subject to more rapid changes; when unduly exercised, the nutrifying processes may not supply the loss by disintegration, and consequent exhaustion or debility ensue.

One of the primary and essential conditions to inflammation is a deficient formative process and an increased tendency to disintegration or a loss of balance between the recuperative and disintegrating processes; the kind and character of the inflammatory action is owing to constitutional peculiarities of the individual. The same general causes operating upon different individuals produce effects decidedly different, according to the constitutional predispositions; for instance: One individual, exposed to fatigue, dampness, cold, &c., is attacked with rheumatism; another, exposed to the same influences, with pneumonia; a third, with hepititis; a fourth, with nephretis, &c. Thus we see there is nothing peculiar in the general cause, yet the diseases, owing to constitutional causes or tendencies, are entirely dissimilar.

In rheumatism we have an undue amount of lithic, hippuric, lactic and other free acids in the blood; these coming in contact with the basic phosphates of the tissues, convert them into acid phosphates by abstracting part of their base; by abnormal disintegration of the tissue consequent upon chemical action, the fibrine of the parts is set free and accumulates in large quantities in the blood.

Dr. Richardson, of England, has demonstrated, by a careful examination of five hundred and fifty cases, occurring both in man and inferior animals, and published to the world in his great prize essay, in 1857 or 1858, on coagulation of the blood, the following facts: 1st. That enfeebled movement in part of the circulation favors coagulation. 2d. That fluidity of the blood depends upon the fibrin being held in solution by some chemical agent. 3d. That no normal blood salt has the power of affecting the solution of the fibrine or holding blood fluid, except when added in proportions which would be incompatible with life. 4th. That the volatile principle, which plays the important part of preserving the liquifaction of the blood, is ammonia. Ammonia seems not only to be a solvent to the fibrine for the purposes of its circulation through the capillary blood vessels, but also to preserve it for its exit through the depurating organs of the system.

It will be remembered that the chemical reaction of the blood in health is invariably alkaline; while the earthy salts, as the

phosphate and carbonate of lime, carbonate of magnesia, &c., supply material for the formation and consolidation of tissue, the alkaline salts, as the phosphate and carbonate of soda, chloride of sodium and salts of potash, seem to subserve the purpose of maintaining the liquidity of the albumen, facilitate its passage through the capillaries, increase the absorbent power of the tissues, and favor endosmotic and exosmotic action both of secretion and excretion.

In rheumatism we have not only an undue amount of acids, but also an excess of fibrine in the blood. The presence of sugar, uric, hippuric, and volatile acids, as also odorous substances in the blood are limited in health, and are not present for the purpose of supplying any demand of the tissues, but are rather the products of decomposition on their passage to be eliminated from the system.

The abnormal presence of acid principles in rheumatism is owing:

1. To excessive disintegration of tissue.
2. To a deficiency in the excretory functions.
3. To the neutralization of the alkaline principles in the blood, and the suspension of the supply caused by deranged nutrition.
4. By the disorganizing processes from chemical decomposition.

The incomplete solubility of fibrine in the blood, as also its acidity, obstructs the kidneys and other depurating organs, and renders their exosmotic action difficult; the same cause also obstructs the capillary blood vessels of other parts of the body.

In those tissues held together by strong cohesive affinities, as the periosteum, fibrous coats of nerves, sheaths of tendons, &c., the pain is doubtless caused by the engorged and expanded capillary blood vessels, and the pressure the nerves sustain caused by the unyielding nature of the tissues.

It is a pathological fact, that the parts naturally the least sensitive in health are, at times, the most acutely painful in disease; it is these measurably unvitalized tissues in which rheumatic inflammation more frequently manifests itself.

Assuming that the alkaline salts play an important part in attenuating and liquifying the albumen of the blood, and preparing the nutritious elements for circulation and absorption, and also that the ammonia is the agent holding fibrine in solution, we can readily perceive that the chemico-physiological force would be naturally changed by the introduction into the circulation of an

acid, or acids, sufficiently powerful to alter this normal condition of the blood.

In consequence of the chemical change that the blood undergoes by the presence of these acid principles, the ammonia and blood salt lessen, and the fibrine, as heretofore stated, accumulates, and not being completely liquefied obstruct the tubular secreting surface of the kidneys, as also the minute ramifications of the capillary blood vessels.

The fibrine set free by a rapid disintegration of tissue contains a large amount of organizable lymph, which is capable of being reassimilated—this being carried the round of the circulation is attracted from the vascular system in the form of an exudation, and accumulates in the vicinity of those tissues, for which it has a physiological affinity. This fibrine (or organizable element containing fibrine, not being sufficiently soluble for reorganization of tissue, obstructs the capillary blood vessels surrounding the fibrous tissues, and especially in the vicinity of the larger joints; the more liquid portion exudes into the contiguous structure forming the swelling and tumefaction common in rheumatism.

The duration of rheumatism is unlimited, yet its severity most commonly abates in about fourteen days. When infusion takes place in the synovial membranes, or cellular tissues contiguous to joints, it is usually readily absorbed after the subsidence of the disease; in some cases it is not, however, absorbed, and the motion of the joint is impeded; we have then what is termed rheumatic white swelling.

The cardiac complication usually shows itself from the eighth to the twentieth day; we have frequently pericarditis and endocarditis existing at the same time. By anticipating the cardiac trouble, and carefully watching the case, we may, by auscultation and percussion detect the egress of the disease before the general symptoms appear, such as oppressed breathing, pain, palpitation, &c. The physical signs are manifested by a sharper and firmer pulse, the systolic stroke of the heart is sharp and shrill, and its impulse against the chest more perceptible. The frequent pathological result of pericarditis is adhesion of the pericardium to the heart, and in endocarditis narrowing of the orifices where the valves are situated. Hypertrophy is the common result of obstruction, and dropsy very frequently supervenes.

The muscular structure of the heart enlarges (as the result of rheumatism) only to a limited extent, when if the disease is not

arrested dilatation takes place, and the heart continues to enlarge, not by hypertrophy, but by dilatation. It will be well to state, in this connection, that in all cases of acute inflammatory rheumatism, when the perspiration is less abundant and less sour smelling; when the skin is dry and the odor rancid; when the deep seated muscles and denser structure is involved, the liability to cardiac trouble is greater.

There is a marked connection between rheumatism, endocarditis and chorea; chorea sometimes supervenes an attack of rheumatism, and is accompanied with endocarditis, and valvular disturbance of the heart. I have a patient during the time of writing this paper (a young Miss of eleven years of age), presented by her mother, who stated that she was fearful her daughter had consumption, as her health was fast declining. I found her debilitated and pale, with a troublesome cough, excessive shortness of breathing, upon the least exercise, pulse accelerated, and her expression anxious; she had, also, pain in the extremities, resembling rheumatism.

Upon physical examination I found her laboring under endocarditis; there was dullness on percussion in the cardiac region, with that peculiar impulse characteristic of the disease; the bellows murmur was marked and attended with a singing or musical sound. My attention was called to another symptom in her case; her mother informed me that she acted strangely at times, would twitch and jerk one side, especially the right arm, and it was difficult for her to feed herself; said these symptoms had lately been developed, and she felt alarmed about them. The above was a well marked case of the existence of the two diseases.

In those structures mostly invaded by rheumatism, as the yellow fibrous tissue, the nutrition is normally slow, and, while in rheumatism, the nutrition of the parts is lessened; the disintegration is increased by chemical influences; these local influences, together with the previous acid condition of the blood, is sufficient to account for the rheumatic manifestation.

In every part of the organism, nature is ever silently at work, and we are, each successive moment of our existence, passing away. The causes which lead to death are in constant operation, and from a million of points is the structural change taking place.

Each movement of a muscle, every evolution of thought or mental emotion, hastens the work of destruction and increases the demand for nutrition. Nature requires constantly a supply to

meet the demands of the system, and to fulfill this requirement we find at every pulsative throb of the heart, the rushing blood current laden with the elements of nutrition to build up the broken down structure.

By the law of attraction, each tissue (as though endowed with intelligence) is vigilant to seize upon the element of nutrition suited to its texture and function, and apply it for its growth and development; as the oxydized and vitalized particles have a greater affinity for the fibre and cell structure than the carbonated and decomposed portions that possess it; the old is displaced by the new and forced into blood vessels to be carried by the current to the different emunctories for expulsion from the body.

We are indeed "fearfully and wonderfully made." Job is led to exclaim while contemplating the brevity of human life, "All flesh is grass." The physician in viewing man in all his physical relations can but confirm the scriptural statement that we are passing away.

Gentlemen of the State Society, I have endeavored to set forth the pathological condition of a rheumatic patient, and explain the chemical causes operating to produce the phenomena of symptoms manifested in the disease. Whether my views impress you with the same force and in the same manner they do me, I leave you to determine. It is a subject of much magnitude and should elicit the careful investigation of every physician. Our object, of course, in arriving at a correct pathology of the disease, is to give direction to therapeutic means for the relief of those suffering with the malady.

That rheumatism is ofttimes a troublesome and tedious disease few will deny, but the study of its pathology will greatly relieve the mystery that surrounds it. We must direct our investigation by grouping such facts as bear upon the question, and continue with untiring perseverance until we shall fully comprehend its pathology and treatment.

Treatment.—Few diseases affecting the living tissues of the body cause so much annoyance as rheumatism. Chronic subjects may suffer for years, without one hour's cessation from pain, until deformity is added to suffering, and death would seem to be a welcome messenger.

We, as Eclectic physicians, cannot, and will not rest satisfied to witness the sufferings of our fellow beings, without putting forth our strongest and best efforts for their relief; we will not alone

investigate the pathology of disease, and then submit our patients to the same routine course our fathers did before us; but we will explore the new fields that organic chemistry is constantly opening up, and test the new discoveries in medical science, and the contributions to our Materia Medica, until our school of medicine shall occupy before the world that position to which its intrinsic merit already entitles it.

In discussing the treatment, I shall give but a passing glance at the varied plans suggested by different authors; there are so many and such adverse notions, that it reminds one of the thousand and one remedies recommended by every "old woman" as a sure cure. Of all modes of treatment suggested by educated physicians, the mercurial and blood-letting is the most abominable, and deserves simply to be ridiculed by every Eclectic physician. Next in order of absurd remedies is antimony, as also, all depleting means, whereby the vital force is lessened, and the recuperative powers of the system defeated. The most reasonable of all the plans suggested by the Allopathic profession, is the alkaline treatment, that seems to be in harmony with rational thinking, and there is no doubt but that in many instances, a simple alkaline reagent sufficient to overcome the acidity of the blood, will cure the disease; but it is when such means are accompanied with other remedial agencies, under the guidance of an intelligent prescriber, that signal relief is to be obtained, and in many instances, a speedy cure promised.

The indications in acute inflammatory rheumatism are:

1st. "To moderate the febrile symptoms, by lessening the force and frequency of the circulation of the blood.

2d. "To allay nervous irritability, and relax the constricted state of the tissues.

3d. "To reduce the density of the blood, by the introduction of such chemical reagents as will change its acid state, redissolve its fibrine, and prevent its concretion in the form of fibrous plasma or lymph.

4th. "To promote the secretions and excretions of the body, by the use of alteratives, diuretics and tonics, and especially by promoting the action of the skin and kidneys, to eliminate the *materies morbi* of the disease.

5th. "By restoring the assimilating and nutritious functions of the body, and furnishing material for supplying the alkaline and

nutritious elements of the blood, and to build up the waste of the system."

As I do not propose to detain you with a lengthy discussion of the above indications, but to deal practically with the subject, I will proceed at once to give you my views. In describing the plan of treatment, it must be remembered that no routine course is recommended, as circumstances alone must determine the choice of remedies, according to their therapeutic indication. * * * It may apply as a rule in all true inflammatory cases, that in selecting our remedies, we should employ those that have a sedative influence upon the nervous system, and relax the tense condition of the muscular tissues. The following formula will mostly accomplish this object:

℞. Tr. Veratrum Vir. (Norwood's), ʒ ss.
Aquæ, ℥ ii.
M. Sig. One teaspoonful every 2 hours.

Between each dose of the above mixture, give gr. xv. of the nitrate of potassa in a wineglass of water, and if the patient is in extreme suffering, combine with the last prescription small doses of beach's diaphoretic powder (pulv. ipecac. et opii camph. of the American Dispensatory); continue this treatment until the inflammatory symptoms subside, when the veratrum treatment may be suspended, or employed in smaller doses.

If the bowels are constipated, I would at this stage administer the following cathartic:

℞. Leptandrin, grs. ii.
Podophyllin,
M. Macrotin, aa. gr. i.

or, if there was not much biliary derangement, the following: ℞. Soda et Potassa Tart., in sufficient doses to operate.

Having reduced the inflammatory symptoms, I would institute an alterative course of treatment, and if the fever is persistent, I would also continue the Veratrum in connection with the alteratives. The following simple formula will frequently answer the purpose, and may be readily obtained at any drug store:

℞. Fluid Ext. Sarsaparilli Comp. ʒ vi.
" " Cimicifuga, ʒ ii.
Potassii Iodidi, ʒ ii.
M. Syrup Simplex, oz. iij.

If the Fluid Ext. of Asclepias, or Chimaphilla Umb. be added, it will be an improvement, (Law & Boyd's, or Squibb's Fluid Exts. are preferable.) In the event of your patient not materially improving, it may be of advantage to give an alcoholic vapor bath, and vary your medicine to suit the symptoms. Medicine that contains alkaline reagents, is in most instances strongly indicated; when Iodide of Potassium fails, I would employ Phosphate of Ammonia, Ammoniated Tr. Guaiaci, or in nervous subjects Valerianate of Ammonia, in connection with other means.

After the subsidence of the more inflammatory symptoms, if the case lingers, a more stimulating course may be pursued, and such remedies employed as Stillingia Syl., Guaiacum, Phytolaccin, Xanthoxylin, etc. The following formula is good.

℞. Ext. Stillingia Syl. Rad.
Chimaphila Umb. " aa oz. i.
Cimicifuga Rac. "
Iris Versicol. "
Phytolacca Decan.
Xanthoxylum Frax. aa oz. ss.

M.

Make a syrup after the usual form, and add Potassii Iodidi, or the Ammoniated Tr. of Guaiacum, or some similar alkaline reagent. The above syrup may be used alone, or in connection with other remedial agencies as may seem to be indicated.

The Wine of Colchicum combined with Sulphate of Quinine, as recommended by Dr. Scudder, of Cincinnati, may in some cases, (especially of the neuralgic character,) be beneficial. The Tinct. of Aconite is also beneficial in some instances.

Although in almost every case, by judicious treatment, you will soon subdue the inflammatory type of disease, still under some circumstances, your case may linger, and it may be necessary for you to turn your attention to the digestive and nutritive functions, and employ such means as may improve the tone of these organs; vegetable tonics, combining Carbonate of Soda, and at times preparations of Iron will frequently increase the action of the absorbent vessels, and while they favor endosmotic action, will serve as chemical reagents to neutralize the acid condition of the blood. Some of the preparations of Ammonia will admirably fulfill this last indication, as also to stimulate the brain, to equalize the nervous current.

The treatment must be varied to suit the different types of the disease. A stimulating course that might benefit a chronic case, might not suit an inflammatory one, neither would it apply to a neuralgic case.

ARTICLE LV.

Notes upon Parentage, Consanguinity and Hybridity. By ALEXANDER WILDER, New York City.

In modern times a sentiment has grown up against the intermarriage of kindred, as though it was a thing culpable in itself, and vitious in its results. So strong is it, that the great majority of those entertaining it seem to have neither eyes nor ears, except for the facts and examples which appear to sustain their favorite theory. We have actually found it no easy matter to gain access to the public press for the purpose of showing a different opinion. Once a personal friend, now a Governor of a distant territory, permitted us to have a single paragraph, with his disclaimer in a foot-note. Afterward a physician, who has achieved some notoriety by a monthly Journal of Health, declined a letter taking issue with his assertions upon the subject; and still more recently a well known daily newspaper, to which we contributed a "book notice," in which we mildly expressed our dissent from the over-positive declarations, published the article after having so changed it as to make it express just the reverse of what we had endeavored to state, even to the actual perversion of historical facts.

It is a mischievous condition of the mind when the person begins his investigations with a preconceived idea which renders him blind to all facts which cannot be reconciled with it, and by consequence exaggerates out of due proportion the importance of those which really make in its favor. He may work out a strong case in favor of his own preconceived view, but by so doing he is likely to mislead others, and hinder the advance of knowledge in a degree exactly proportionate to his own knowledge and ability. Examples of this are familiar to every one conversant with the history of any scientific question. Indeed, when a man's preconceived notions upon any subject, religious opinion, moral theory, social predilection or other cause, are permitted to modify his views of what ought to be a mere question of fact, he is an unsafe guide in relation to the matter which he may undertake to explain.

A prejudice exists generally that the cold weather of winter is particularly healthy, and that the high temperature of the summer months is destructive to life. The exhilaration and buoyancy of feeling produced in healthy persons by the highly condensed

frosty air, owing to the rapid combustion of the physical material, probably gave rise to the impression. But vital statistics show that this popular idea is unreliable in this very matter. The analogy may hold good in other departments of fact, perhaps ever in the one of which we are about to treat.

Dr. J. C. Nott, of Mobile, writes: "Will any one deny that continued intermarriages among blood relations are destructive to a race, both physically and intellectually? The fact is proverbial. Do we not see it most fully illustrated in the royal families and nobility of Europe, where such matrimonial alliances have long been customary? The reputation of the House of Lords in England would long since have been extinct had not the Crown incessantly manufactured nobles from out of the sturdy sons of the people. Cannot every one of us individually point to degenerate offspring which have arisen from family intermarriages for mere property's sake?

"In early life I witnessed a striking example in the upper part of South Carolina, where my father owned a country seat. Almost the entire population of the neighborhood was made up of Irish covenanters, who had moved to that country before the revolutionary war. They had intermarried for many generations, until the same blood coursed through the veins of the whole of them; and there are many persons living in South Carolina who will bear me out when I state that the proportion of idiots and deformed in that district was unprecedented, of which the majority in its population was stupid and debased in the extreme. I could mention several other striking examples beheld in higher life, but it would be painful to particularize."

Dr. Devay, of Lyons, in his *Hygiene de Famille*, asserts: "That in pure consanguinity, isolated from all circumstances of hereditary disease, resides, *ipso facto*, a principle of organic vitiation." He cites 121 consanguine marriages, of which 99 were prolific and 22 were not.

M. Boudin takes merely the single defect of deaf-mutism, and declares: 1. That while consanguineous marriages are two per cent of all the marriages in France, the number of deaf-mutes born of such marriages are, to all marriages—in Lyons, 25 per cent; in Paris, 28 per cent; in Bordeaux, 30 per cent. 2. That the danger of deaf and dumb offspring increases with the nearness of kinship between the parents. 3. That parents, themselves deaf and dumb, do not, as a rule, produce deaf and dumb offspring, and that the

defect is, therefore, not hereditary. 4. That the number of deaf-mutes increases in proportion to the local difficulties to freedom of cross marrying.

Niebuhr, the historian, following in the same lead, declared in his third volume of Lectures on Ancient History, that the Ptolmies of Egypt, whose history presents the most striking instance on record of close breeding in the human race, were degenerate, both in body and mind.

In fine, the principal consequences alleged to follow on consanguineous marriages are, sterility, mutism, idiocy, deformity and scrofula.

It is certain that the case mentioned by Niebuhr, that of the Macedonian royal family of Egypt, in no wise demonstrates this hypothesis. For three hundred years intermarriage between brothers and sisters, as with the Incas of Peru, was of usual occurrence. Yet no such extraordinay physical or intellectual imbecility seems to have occurred. Cleopatra, the last sovereign of the line, was not, in any intelligible sense of words, degenerate in body or mind, but actually excelled in size as well as beauty of person and in strength of intellect. Her posterity, instead of dying out or sinking into perpetual obscurity, again arose above the political surface; a grandson ascending the throne of Mauritania, and another of her descendants, the celebrated Zenobia, achieving glory for herself as queen of Palmyra.

Indeed, it is noticeable that the examples presented to show the inherent objectionableness of alliances between kindred, were marshaled for the occasion, and were not fairly selected—justifying the remark of Dr. Gilbert Child, namely: "To say that all but half the children of the marriage of cousins, are idiotic, is simply to say that the cases from which the statistics were drawn, were not fair cases."

Of all the consanguineous marriages that have fallen under our notice, we never knew of but one instance of idiocy; and in that particular case the child was born with apparently a sound mind, and only exhibited symptoms of impaired intellect after a severe medication with calomel. She died in early childhood. Several of the relatives had consumption. The parents were the children of two sisters, and the father's mother was also the wife of her first cousin.

Doctor Child, in the *Medico-Chirurgical Review*, volume 29, suggests the following history of the prevailing opinion:

"It should be remembered that all such marriages as those under discussion were and are strictly prohibited in the Church of Rome. This prohibition was first removed in England by the Marriage Act of 1540, in the reign of Henry VIII. It is natural, therefore, that many people at the time should have looked upon this removal of restrictions as a somewhat questionable concession to human weakness, and upon the marriages made in consequence of it as merely not illegal, rather than in themselves unobjectionable; just as, should the Marriage Law Amendment Bill pass into law, there can be no doubt that many would now look upon marriage with a sister-in-law as a very questionable proceeding in a social and religious point of view, although they might possibly be unable to impugn its strict legality. Under such circumstances nothing is more natural, especially in an age when men were much more open to theological than physiological considerations, than that they should attribute any ill effects which might seem to follow from such unions, to the special intervention of Providence. Such ill effects would be marked and noticed whenever they occurred, and would soon become proverbial; and when, in a later age, men began to pay more attention to the breeding of animals, and found that excessively close breeding seemed in some cases to produce similar results, they would be led to establish a false analogy between the two cases, and to infer the existence of a law of nature which close breeding and consanguineous marriages equally infringed.

"Something like this I conceive to be the true history of the common opinion upon this subject—an opinion which, as far as I can discover, rests on no satisfactory record of observed facts."

Doctor Bemiss, writing for the *Journal of Psychological Medicine*, April, 1857, is a fair illustration. He presents 34 cases of intermarriage of cousins, of which seven were unprolific and the remaining 27 resulted in 192 children. Of these, 58 died in early life, and 134 reached the age of maturity. The fertility of these marriages was much above the average, while the infant mortality appears to have been a little below. In 75 cases of disease among the offspring of such alliances, he classes 38 under the head of scrofula and consumption; 12 of epilepsy and spasmodic disease; two of deafness; four of idiocy, and two of deformity.

It should be again impressed upon the mind, that only the single fact of intermarriage has been taken into the account, whereas there must have been other causes equally controlling.

The observations of Doctor J. Langdon Down, of London, also instituted with a view to determine the accuracy of the hypothesis of congenital mental defect arising from such alliances, seem to show as much. His records were taken with every care as to their correctness, and embraced 1,138 cases of idiots; 753 being males, and 385 females. These numbers, he remarks, make about the ratio, according to his experience, in which the sexes are affected by idiocy.

Of the 753 male idiots, 33 were the progeny of first cousins; in two of these instances there was another element elicited, namely, that in one case the mother was also the offspring of first cousins, and in the other case the mother was the child of cousins-german. Three cases were the children of second cousins, and four of third cousins. In all, 40 cases out of 753, or only rather more than five per cent, could by any possibility have been due to consanguineous unions. Of 295 females, 13 were the progeny of first cousins, 3 of second cousins, and 4 of third cousins. In all, 20 out of 295, about seven per cent, were the offspring of blood relations.

Dr. Down then proceeds to consider 20 of these idiots taken without selection from his portfolio. They show the apparent causes of the misfortune as follows, namely: No. 1. Fright of the mother while pregnant, at seeing her mother struck with paralysis. No. 2. Mother died from tumor on the brain. Family consumptive. No. 3. The father habitually intemperate; the mother frightened by a cat in the seventh month of pregnancy. Her family consumptive. No. 4. Family consumptive. No. 5. Father's family consumptive; mother's aunt insane. The mother had an epileptic child by a previous husband, not a relative; and an idiotic boy and girl by the second, who was her second cousin. She believed the idiocy of the one to have been caused by fright, and that of the other from her habit of brooding over that misfortune. No. 6. Consumption in the family. The father was eccentric and intemperate, and had an imbecile uncle; the mother was despondent during her pregnancy. The head of the child was badly compressed by the forceps at birth. No. 7. The father was feeble-minded and epileptic; mother's family consumptive. In the seventh month of pregnancy she was greatly impressed by seeing a girl in the same condition as her own child turned out to be. No. 9. Mother's relatives consumptive; ten other children, one a twin sister, very bright and intelligent. No. 9. Mother

nervous. Other children healthy and intelligent. No. 10. Father's family consumptive, and one sister insane; mother scrofulous and melancholy. No. 11. Father deficient in mental power; the mother had an aunt insane. No. 12. Father of a desponding temper, and of a consumptive family; the mother had an imbecile uncle, and also was of a consumptive family. No. 13. Born with a misshapen head. The first three children were born healthy and perfect; the next was idiotic, and the others died at time of birth. Parents were first cousins. No. 14. Father of low order of intellect; mother's family consumptive. No. 15. Father a drunkard, and had six relatives who were stammerers. Mother's family consumptive; three children idiots. No. 16. Father had been insane and his mother eccentric; both parents' families were consumptive. No. 17. Father weak and nervous; mother nervous, and had an insane uncle and imbecile cousin. Frightened by seeing her husband fall in a fainting fit while she was pregnant. No. 18. Father irritable and of consumptive family; mother died of consumption, and had an insane uncle. While she was pregnant she was frightened by stepping on an adder. The child's head was much distorted. No. 19. Mother's mother and aunt were insane, and a cousin suffers from puerperal mania. Two children idiots. No. 20. Mother was frightened during pregnancy by sight of an idiotic man. The other children sound in mind.

In the twenty families the whole number of children was 138; of whom 75 had average health and intellect; 25 were idiots; 11 were consumptive; 8 still-born, and 19 died prematurely. In twenty other families in which the parents were not kindred but had idiotic children, the whole number of children was 145; of whom 83 were in average health; 26 were idiots; 1 was consumptive; 11 still-born, and the residue died prematurely. In all these families about one-fourth of the idiots were the first born children, which would be a hint that mechanical injury sustained at birth had a material influence in producing the misfortune.

A careful examination of these data will convince any intelligent person that a scrofulous diathesis rather than the fact of consanguinity of parents was the principal cause of the calamity of these children. We would venture the assertion that an examination into the history of the idiots, blind, deaf mutes, and weakly children will show this to be the general fact. Like must inevitably produce its like, except where a psychological law transcends the influence of the physiological, and so endows the offspring

with a health, a moral and mental vigor, to which the parents were strangers. We have observed repeated examples of this.

It is due to Dr. W. Byrd Powell to state, that before his death, his views on this subject were greatly modified. He possessed the candor, so unusual among the propounders of new ideas, to acknowledge his previous inaccuracy. In a paper entitled "Physiological Incest," in the "Eclectic Medical Review" of May, 1867, he writes:

"The opinion is widely spread and deeply founded in the public mind, that consanguine marriage deteriorates the species by entailing on progeny idiocy, such cerebral imperfections as result in insanity, and constitutions so depraved as to produce all the known forms of scrofulous disease. But statistics on both sides of the Atlantic have failed to sustain the truth of this very general opinion; on the contrary, they show that there are more of the evils complained of outside of the circle of consanguinity than within it, showing that the cause of the evils above named is more extensive than consanguine marriages. And of this character is a fact which was communicated to me a few weeks since, viz.: Dr. Patterson, superintendent of the Ohio Idiotic Asylum, informs me that although he has been particular in his inquiries as to the progenitors of the idiots brought to the institution, yet he has succeeded in finding but two per cent of them to have had consanguine progenitors. This single fact is, in my opinion, sufficient to cast a shade of doubt upon the verity of the very prevalent opinion of consanguine influence on progeny."*

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* Dr. Powell afterward propounded the following sentiments, which demand careful attention, namely:

"Some fifteen years ago I was induced to suspect that a physiological incompatibility obtained between the sexes in regard to progeny, and the result has been an entire conviction of the truth of my suspicion. This incompatibility prevails extensively in society, and is, I am confident, the cause of all the idiocy, much of the insanity, all of the tubercular consumption of the lungs, and of mesenteric glands of the abdomen, and of all the scrofulous forms of disease incidental to the human race."

He declares that the disease will be entailed in the following alliances:

1. When the parents have both the sanguine encephalic temperament, their children will die young, of dropsy of the brain, or of tubercular inflammation of its membranes.

2. When the parents are both bilious-encephalic, the children will be idiotic.

3. When the parents are both of bilious encephalic-lymphatic temperament, their children, five out of seven, will be dead-born, and the remainder will not live two years.

4. When one parent is bilious lymphatic, and the other sanguine bilious encephalic, the progeny will die young of tubercular consumption.

5. If one parent is sanguine encephalic, and the other bilious lymphatic, the children will die young of tuberculous disease.

If one parent is bilious encephalic, and the other sanguine encephalic bilious lymphatic, the children will become insane.

In 1855 an inquiry into the subject of idiocy was instituted by the Legislature of Connecticut. The investigation was conducted by three physicians, and copious statistics were obtained. They by no means demonstrate any but a trifling influence from the kinship of the parents; scrofulous, hereditary taint of imbecility and secret habits being the most common attending facts.

Inquiries have been carefully prosecuted in different parts of Europe with similar results. We feel warranted, therefore, in declaring our fullest conviction of the correctness of Dr. Child's assertion: "The marriages of blood relations have no tendency, *per se*, to produce degeneration of race."

In Bible times there were few interdictions of marriages between relatives. We will not refer to any example from the antediluvian period, in which it would appear that all marriages were consanguineous. The patriarch Abraham declared of Sarah: "And yet indeed she is my sister, the daughter of my father, but not the daughter of my mother, and she became my wife." Genesis xx. 12. Lot was the offspring of a similar alliance, and became himself the father of two powerful chieftains by his own daughters. Isaac married Rebekah, the grand-daughter of his father's brother. Esau married the daughter of Ishmael, his uncle, and Jacob wedded the beloved Rachel and the tender-eyed Leah, daughters of his mother's brother. It was high time that some idiots should have been produced, to square with the conclusions of modern dabblers in physiological science; yet, instead were superior men, the gifted Joseph, the kingly Judah, and the warlike Levi and Simeon. Again, we are informed that Amram, the grandson of Levi, married Jochebed, the daughter of Levi, who became the mother of Moses, Aaron and Miriam. Exodus vi. 12. Here were the children of four or five generations of consanguineous alliances, and what were they? Moses, the profoundest statesman of the age; Aaron, the eloquent brother, and Miriam, the prophetess, whose songs evince a high order of intellect. Hebrew story abounds with similar examples, yet no race, perhaps, was ever freer from mental and physical degeneracy. Its vitality is proverbial; while to this day its statesmen, merchants, scholars and musicians surpass those of the other peoples of the world.

The Derby family, of Great Britain, have intermarried for centuries, and the late prime minister was the son of first cousins. Physically and mentally he must be acknowledged to be a splendid

specimen of a man; and his oldest son, Lord Stanley, takes rank with the most promising and ablest statesmen of the young nobility. The family of Queen Victoria, herself the daughter of cousins and married to one, are not uncomely or malformed. These examples can be multiplied, and are in point fully as much as the assertions of opinionated individuals in scientific associations, insane reports and pseudo-physiological treatises.

We acknowledge most cordially that physiological as well as moral laws are uniform in their operation in all ages and circumstances, knowing "no variableness neither shadow of turning." What was right for a Hebrew patriarch, unless there has been a subjective modification of conditions, cannot be wrong in an American citizen of the nineteenth century. *Could such modification take place as to render intermarriage of kindred, in certain instances improper and likely to produce unfortunate results?* In our judgment, there could; but, in such cases, we must insist that the kinship is only one of the relations interdicted. The law is founded on a deeper principle.

That condition which renders marriage between relatives or other persons an infraction of physiological law, is evolved from hybridity, or the commingling of distinct races. It has become fashionable in certain circles to recommend alliances between distinct branches of the human family, but nature appears to have set upon it her seal of abhorrence.

We see this same law also exemplified in the animal world on every side. The mule cannot propagate his kind. Even among sheep it has been found difficult to continue a mongrel breed, except by recurring to the parent stocks for its reproduction. Farmers in this State remember their tedious and unsuccessful endeavors to preserve the Saxon merino sheep, a cross between the native sheep of Germany and merino of Spain. The lambs were feeble and tender, and but a few of them would reach maturity.

Mr. Carpenter says, in relation to this subject: "It may be considered as a fundamental fact, alike in the vegetable and in the animal kingdom, that hybrid races, originating in the sexual connection of individual species, do not tend to self-perpetuation; the hybrids being nearly sterile with each other, although they may propagate with either of their parent races, in which the hybrid will soon merge."

This sentence, doubtless, explains why certain marriages are

unfortunate, so far as relating to offspring. The human kingdom is divided into a plurality of races, and must have had a diversified parentage. The families belonging to a single race, like the Abrahamides, who were of pure Chaldean stock, intermarried, half-brothers with half-sisters, nephews with aunts, cousins with cousins, allied with impunity. The Ptolemaic and other Macedonian families brothers with sisters without any apparent harm. The royal family of Persia, also of pure Aryan stock, did the same thing. These examples may be multiplied.

But when an alliance is had with an alien race, then intermarriage appears to be attended with calamitous results, as regards offspring. It is said that the mulatto of this continent is a fearful sufferer from scrofula. We regret that more careful observations have not been made in relation to this matter. We are of opinion that such stocks of the Aryan as the Scandinavians, Teutons, Celts, Slaves, Iberians, and what French writers are so fond of denominating the Latin nations, several of them at least, are so distinct from each other that intermarriage will result in a mongrel offspring, and many of the evils attendant on hybridity. Certainly we have observed a great repugnance among our people to such alliances. While our best yeomanry have been descended from English Commoners, Scotch Lowlanders, Irish Presbyterians, and Holland Dutch, the posterity of the ancient sea-kings, and intermarriage among them has not wrought apparent evil, we are very apprehensive that the blending of that stock with the Catholic Irish, the Slavic emigrants from Germany and Poland, or with the Italians, would entail upon the offspring the degeneration and degradation incidental to mixture of blood. Of course, we could not approve alliances with the aboriginal tribes, the negroes or Mongolian emigrants, which are farther remote from identity of race.

In treating of this subject, Doctor Nott observes: "The recreant crew of *conti baroni marchesi*, in Spain, Portugal, Italy, Sicily and parts of southern Europe include some of the most abject specimens of humanity anywhere to be found. The physical cause of this deterioration from the historical greatness of their ancestral names, is said to be—'breeding in and in.' Now, this may be true enough, as an apparent reason; but is there not a latent one? History shows that the families most degraded (in Portugal especially, where the lowest types are encountered), are compounded of Iberian, Celtic, Arab, Jewish and other types—pure in them-

selves, but bad in the amalgam. Pride of birth, for centuries has prevented them from marrying out of the circle of aristocracy. With some exceptions, they are too mean in person to be accepted by the *white* nobility of northern Europe. The consequence is, they intermarry with themselves; and as in other mulatto compounds, the offspring of such mongrel commingling deteriorate more and more in every generation. They cease to procreate, and there are some hopes that the corrupt breed is extingishing itself. * * * I have suggested elsewhere, that through the laws of hybridity alone, the human family might possibly become exterminated by a thorough amalgamation of all the various types of mankind now existing upon earth."

A reference to history will show how nature devotes herself to the clearing of lineages, and thereby preserving the vitality of races and families. The Muscovite nobles of eastern Europe have been cleansed of their Turanian blood, and initiated among the Aryan peoples. But the Vandals in Northern Africa, the Normans in Sicily and England, the Goths in Spain and Italy, the Franks in France, appear to have been lost in the original types of the population; while the Hebrews and Gipsies, the Welsh and Irish, the Basques and Slavic peoples have not even altered a feature since their appearance on the arena of history. The Brahmins of India, the royal families of Russia and England, have preserved their characteristics by carefully intermarrying in their own race. It seems only to require a few generations to cause mongrelism substantially to disappear from a family, so feeble is the vitality of hybrids.

Doctor Knox asserts that there is a physiological law which extinguishes mixed races (a people composed of two or more races), and causes the one originally more numerous to predominate, unless supplies be continually drawn from the primitive pure breeds. He says: "No mixed race can stand their ground for any long period of years. The Danish (Scandinavian or Saxon) blood, which must have existed in sufficient abundance in south England during and subsequent to Canute's time, has given way before the Flemish races which preceded the Saxon, and now prevails everywhere. All traces of the Scandinavian and Celtic seem to have left Greece. The mingled Italian races, the product of so many others, seem fast reverting to a primitive race which occupied Italy before Romé was founded. A mixed race may be produced, but it cannot be supported by its own resources, but

by continual draughts from the two pure races which originally gave origin to it."

We have also observed another class of phenomena which apparently indicate the existence of a law that seems to have been overlooked. Diseased and degenerate parents, have given existence to a progeny with vitiated constitution, illustrating the often-repeated maxim that like produces like. Persons apparently robust and intellectual have had children sickly, and more or less impaired in intellect; and physiological writers have tortured ingenuity to account for the deterioration. But on the other hand we have repeatedly witnessed instances where the parents were permanently diseased and feeble, whose offspring, and large families at that, were vigorous in health and intellect. Such facts show that some vital law exists transcending the common vision of our physiological theorists. There must be a more interior principle, more closely allied to the very soul itself, which subordinates the external. The soul is the real selfhood of the person, and its more subtile laws must be more potent than those which relate chiefly to the mere functions of flesh and blood. When the relation exists, denominated by Emanuel Swedenborg *conjugial love*, between two persons of different sexes, there is the best ground for supposing that the vital auras emanating from their interior being are capable of inducing in their offspring a condition of health, vigor, and intellectuality, which no apparently perfect physiological conditions by themselves can develop. How expressive then the words of Jesus of such alliances: "What God hath joined together let no one put asunder." Here, we suspect, we have come upon the true solution of the great problem, the perfectibility of the human race.

The sanctities of the social state are not created by external statute regulations, nor do they exist by virtue of priestly consecration. Where there is no proper home-life, there can be no joining together by the hand of God. Alas, for the children that are born under such conditions; they are the doomed victims of parental disunity, and must suffer physically, mentally and morally. To this subject, let those who debate the causes of degeneration of race and family turn their attention.

If our modern writers on physiology and hereditary descent would be in less hurry to arrive at conclusions, and less tenacious of shaping their testimony to bolster up their positions, they would be more likely to add really valuable contributions to social science.

There is, as we have indicated, a broader field for their observations, which has scarcely been occupied since social ethics were prescribed in the law of Moses. When they shall have thoroughly explored this branch of the subject, they will be nearer to the root of the matter, and better able to explain the sources of idiocy and other malformations that afflict the human family. But to make the single agency of intermarriage between kindred, with little regard to attendant circumstances and conditions, responsible for the principal part of the mischief, is evidence of very superficial observations. Its tendency would be to the establishing of a code of morals at war with human nature itself.

ARTICLE LVI.

First Annual Commencement of the Eclectic Medical College of the City of New York.

The Commencement exercises at the close of the first session of this promising new institution were held at the Cooper Institute on Saturday evening, February 16, 1867. The capacious hall was crowded to overflowing, with a brilliant and unusually intelligent and evidently interested auditory, hundreds of whom were ladies. The platform was occupied by the various members of the Board of Trustees, who were present on the occasion, the members of the Faculty, the reverend Clergy, and invited guests.

Prof. Robert S. Newton, President of the Faculty, introduced Rev. George W. Woodruff, of the M. E. Church, who inaugurated the exercises with prayer.

The Report of the Faculty, prepared by its Secretary, Prof. Paul W. Allen, was then read, and received with the closest attention by the immense audience.

The following is the Report of the present session, by the Secretary of the Faculty, Paul W. Allen, M. D.:

We are this evening assembled to hold the Commencement exercises of the first session of the "Eclectic Medical College of the City of New York." This institution was chartered by the Legislature of this State on the 22d of April, 1865. The trustees, after fully maturing their plans for a course of instruction, and having secured a Faculty of professors for the several departments of medical and surgical science, issued their announcement to the profession and the public for the course of lectures just now closed. A building was secured for the lectures, in a situation central in its position, and from which a direct and easy access could be had to the various hospitals and infirmaries of this city. The building afforded excellent accommodations for a general lecture-room, for an anatomical and surgical amphitheatre, and for a library-room.

A Dispensary was provided to receive, for gratuitous treatment, all the afflicted who might desire to secure the superior advantages of Eclectic Medicine and Surgery. The examination of, and prescribing for, such patients were, in most cases, in the presence of the class, and have afforded an excellent opportunity for clinical

lectures from the several professors. This gave the students an opportunity to compare the treatment adopted along with that allopathic medication seen at the different hospitals, and also to judge of the relative results or success of the different systems of medical practice. No American city—and perhaps no European—affords so ample opportunities for observation in hospitals, and for the study of ophthalmic medicine, and other specialties, as New York. Our students have fully availed themselves of these advantages, and have seen many diseases and witnessed many surgical operations which would not have been met with in years of ordinary practice.

From the middle of October last to the present time, a period of four months, our class of 40 members have devoted themselves constantly and thoroughly to the didactic lectures, to clinical lectures, and to the visitation of hospitals. Some of these students were in attendance upon lectures for the first term, some had attended one or more previous courses, and, in some instances, they had completed their studies and graduated more than ten years ago, and came to this College for the purpose of making themselves acquainted with the numerous discoveries and improvements which have since been made in eclectic medicine and surgery, since the days of their former pupilage, and also to enjoy those opportunities for the study of specialties so abundant in this city. Nor can we omit to mention that nearly all our students have been very faithful in their evening studies in practical anatomy, ample and excellent material for which has been supplied, while the Professor of Anatomy has given his entire evenings to the service of the class.

Our number of graduates is 11; of *ad eundem* graduates, 10; a small number, but one which, if we may speak in behalf of the Faculty, we may be permitted to say will, as we believe, do honor to their *Alma Mater*.

Our impression is also that our graduates and other students are deeply devoted to the peculiar doctrines of American Eclecticism; peculiar, in that we select our remedies from every school of practice and from all sources with impartiality; peculiar, in that we reject bloodletting and all other measures which are extremely depletive and exhausting; peculiar, in that we object to mercury, arsenic, and other mineral poisons; and peculiar, also, in that we are actively discovering and developing numerous remedies of inestimable value, from the fields and forests of our own country.

The graduates of the "Eclectic Medical College of the City of New York" will, now and hereafter, go forth belonging to no medical party, except so far as they are compelled to be a party, in order that they may be true to themselves as the believers in and exponents and defenders of the party of universal and progressive medical science.

President Newton next announced the names of the graduating class, as follows:

Names of the Graduates—Prince A. Morrow, Kentucky; John Bricker, John Conoway, Iowa; William R. Merwin, Missouri; Edwin H. Millington, New York; James A. Morris, New Jersey; Mrs. Charles W. Dolley, Michigan; William R. Hayden, Mrs. M. B. Hayden, J. B. Mix, Miss H. H. Pratt, New York.

Names of the ad eundem Graduates—Dennis E. Smith, New York; James S. Prettyman, Delaware; Herman Boskowitz, New York; C. Edwin Miles, Joseph Jackson, Massachusetts; B. J. Stow, H. E. Firth, H. M. Sweet, David Willcocks, New York; James A. Henshall, Wisconsin.

After which he introduced Dr. Alexander Wilder, editor of the "Evening Post," and secretary of the board of trustees (the delegated representative of the president of the board), who delivered the following brief and appropriate address to the class, during which he presented each member of the graduating class with the first diplomas of the Eclectic Medical College of the City of New York.

Dr. Wilder's Remarks.

"The vocation of the physician is one of the most important connected with our social life. When prostrated by disease every one seeks his aid, feeling secure when that is obtained that the principal service has been rendered, and that his is now the responsibility. In these circumstances it is for the physician to meet his duties with fidelity and conscientiously, and to perform them fearlessly.

"You have made choice of this arduous and responsible vocation. I appeal to you to accept its requirements with the strictest regard to what is due between you and those with whom you have to do. You will be brought into terms of the closest confidence with patients and families. Cherish that confidence as sacredly and inviolably as you would maintain a principle of religion, suffering no levity or unworthy motive to overcome your fidelity.

It is your vocation to bring hope where there has been despondency; to minister life and health to those ready to perish; to mitigate the anguish that afflicts the human frame. Let that mission, for your own sake, for the sake of those with whom you have to do, for the sake of the profession which you have adopted, be performed with earnestness, intelligently, with zeal, and even with enthusiasm.

"You have adopted the doctrines and ethics of the Eclectic school of medicine. The field occupied by the so-called regular practice covers the very ground which this school professes to hold. If it had consented, with a generous and intelligent liberality, to permit and acknowledge the meritorious service and actual scientific attainments of our friends, we would have had no more to ask. But a narrow and illiberal conservatism has prevented this. We could not be progressive in idea and practice without transcending the limits which had been assigned, saying nothing about secret cliques and illiberal regulations, by which a favored number have sought to monopolize the honors and emoluments to which all are alike privileged to aspire. There has been a landmark and a wall of partition established, and it now becomes incumbent upon the Eclectic to promote by all honorable exertions the prosperity and scientific advancement of the particular school which he has adopted.

"A pleasing duty now devolves upon me. The voice of your instructors has recommended you as worthy to be invested with the rank and honors of the physician. I therefore, in the name of the faculty and of the trustees of this college, by virtue of the authority granted by the laws of the State of New York, do confer upon you, each and severally, the degree of doctor of medicine, with the rights, privileges and immunities pertaining to that dignity.

"With this assumption of your new duties, I entreat you to remember the old maxim, that every one is a debtor to his profession. As he derives from it his means of usefulness as well as of support, he should in return add to its scope of scientific research, to its dignity, to its importance. Let the profession be the better off because you have adopted it for your own. Maintain your professional and other relations with the strictest regard for the right; discharge your duties with zeal, faithfulness, and the strictest delicacy; and magnify your vocation. In conclusion, I beg you to

accept my best and most cordial wishes for your future—for your prosperity, your happiness, and your health."

President Newton followed Dr. Wilder in a brief, impressive, and eminently appropriate address, embodying numerous valuable practical suggestions, much sound advice, and some touching words of farewell to the graduates. His remarks were received with the most enthusiastic applause by all present.

The valedictory address was delivered by John Bricker, M. D., who was introduced by President Newton. This address was couched in simple but forcible language, and indicated rare ability, and a high character on the part of its too modest author, who has left us no trace of his neatly written manuscript to copy or quote from, which we most certainly should do, had Dr. Bricker allowed us a chance at his address. The valedictory was received with gratifying tokens of satisfaction on the part of the class and all present. An address in behalf of the board of trustees was next made by the corresponding secretary, Mr. Henri L. Stuart.

Mr. Stuart's Address.

"Ladies and gentlemen of the graduating class, and friends of the good cause which we here represent: The remarks I shall make would more fittingly come from the lips of the venerable and distinguished president of the board of trustees, but he is unavoidably absent. The originating and founding of the Eclectic Medical College of the city of New York was the result of years of conviction and effort on the part of many persons; but the highest meed of praise is due to the respected treasurer of the board of trustees, Mr. William Moller. This gentleman, more than ten years since, with Mr. Albert Havemeyer, another member of the board of trustees, advanced the sum of $10,000 to establish a laboratory and manufactory of the various Eclectic remedies then known and being discovered. In this enterprise they had the powerful co-operation and aid of Prof. Robert S. Newton, then editor of the Eclectic Medical Journal, a position he held for many years at Cincinnati, Ohio. This enterprise has grown into what is now known as "Keith's Concentrated Preparations," and a large fortune to Dr. Keith himself, due almost wholly to the outlay of money and professional influence on the part of Messrs. Moller, Havemeyer, Prof. Newton, and the members of the Eclectic medical profession in all parts of the country, who were induced to test and use these remedies mainly through the editorial endorse-

ments, extending through a series of years, published in the Eclectic Medical Journal.

Mr. Moller at that time went even farther than this. He offered to purchase or build a suitable college edifice, and to liberally endow it, if Prof. Newton would leave Cincinnati, and take charge of it. Dr. Newton was unable to make his home in New York at that time; but in 1863 he came here, and found Mr. Moller still a staunch and fast friend; and the Eclectic Medical College, which has just closed its first session by the awarding of its first diplomas to its first graduating class in our presence here to-night, is a result of the combined action of Mr. William Moller, Dr. Robert S. Newton, Dr. Alexander Wilder, Dr. William W. Hadley, Dr. D. E. Smith, Dr. J. B. Stone, and other enlightened and determined friends of progressive medicine, in and out of the board of trustees and of the profession. These men, animated by a solemn conviction that the time had fully come when a great central American Eclectic school of medicine could be founded, carried forward, and sustained to a permanent success in the city of New York, procured a most liberal charter from the State Legislature for such an institution. They were also fully convinced of the lamentable fact that, since the days of Paracelsus and the introduction of mercury and other poisonous mineral agents into use as medicines, there has been a gradual deterioration in the physical stamina of the people in all civilized countries where this barbarous practice has prevailed, until, at this moment, by statistics and general consent, there is not one person in ten,—man, woman, or child—in this country, possessing the inestimable blessing of a sound natural constitution, unsapped by the insidious, far-reaching, and potent foes of health, happiness, and life, some of the names of which I here enumerate; they are mercury, antimony, arsenic, lead; depletion, and the sanguinary-heroic system known as allopathy, in which these horrible agents are the all-prevailing and dominant means used by practitioners of medicine, who claim to be "regular," to combat disease and sustain the vital forces of the human system, when attacked, while at the same time they denounce as quacks all who honestly and intelligently differ from them in opinion or practice.

"Deeply impressed with the truth of the foregoing considerations, the board of trustees, named in the charter, met, organized, and chose its officers, and appointed an executive and other committees, and prepared a code of by-laws. The executive commit-

tee, in accordance with the power delegated to it by the board of trustees, secured an admirably arranged and centrally located college edifice, collected apparatus and materials for the various departments, secured and appointed a competent and unusually efficient faculty, made provision for the first session, which has been successfully held and carried forward to the time when its first graduates are to go out honored and armed with the first diplomas of the new institution. A free public dispensary has been established in connection with the college, and under the direction of its faculty, which has afforded relief to a large number of sufferers, many of them given up as hopeless by other practitioners. This department will be permanently sustained and continued, whether the college is in session or not. A location has been selected for a large and commodious additional college building and house of trade, for the preparation in the most perfect form and the vending of all the approved remedial agents used by the American Eclectic school of medicine. In this edifice will be established a printing office, publication office, and bookstore, for the publication and sale of the American Eclectic Medical Review and all standard eclectic medical works; also a professional library and reading-room, and a department of pharmacy and dentistry. Application will be made to the common council for a small sum to assist in supporting the free dispensary; and, at the proper time, a similar application will be made to the State Legislature for some assistance in sustaining an Eclectic Medical Hospital, which forms a part of the chartered privileges granted to the Eclectic Medical College of the city of New York*.

"It is the opinion of the board of trustees that the Legislature ought to divide the wards of existing hospitals, supported at the expense of the public treasury, giving all schools of medicine a full and ample opportunity to test the comparative merits of the distinctive remedies and practice of each. They believe that the best interests of all classes of the community, as well as common justice and fairness, require this to be done. The board would be distinctly understood as being in favor of giving women an equal right and opportunity with man to achieve sound professional medical culture, under equal conditions, in institutions organized especially for their instruction and benefit, and where that is impracticable or impossible, suitable provision should be made, in connection with other institutions, to meet fairly and liberally any

*These donations have since been made.

such demands made by and in behalf of woman. A strong reason with the board for this conviction is found in the unquestionable fact, that the ailments of women and children furnish full seventy per cent of all the practice and emolument making up the aggregate of fees paid to the practitioners of medicine under the most favorable conditions and practice, and this proportion is even much greater wherever the allopathic practice has exclusively prevailed.

"The board have noticed the strong opposition which has prevailed in the Bellevue Hospital Medical College to granting women equal right to medical culture and clinical observation in that institution, and have carefully weighed the reasons offered for and against the course there pursued, and are decidedly of the opinion that that course was unjustifiable, unwise, and wholly indefensible on any fair and manly grounds whatever. Give women a fair and equal chance, with no prejudice or embarrassing restrictions, and if she fails, under these circumstances, to maintain her professional status. she will gradually and naturally turn to other fields of labor and occupation. 'Good nursing is often more important than medicine in the resoration of the diseased to health,' was once remarked to me by my late venerable friend, Dr. John W. Francis; 'but,' said he 'this fact I did not sufficiently realize when I was a young practitioner.' Good nursing almost always devolves upon woman, and why should she not be allowed to test her powers as a physician, and to strive to obtain the higher rewards of that position?

"As a member of the board of trustees, I desire to make a brief statement bearing upon this question, and to illustrate the chronic and unmanly illiberality which we shall have to meet at every step from the arrogant tyranny of the self-constituted regular medical profession.

"Some years since I was introduced, one evening, to Dr. J. Marion Sims, the humane and gifted founder of the New York State Woman's Hospital, in this city. He was an allopathic physician and surgeon—in poor health, supposed to be standing on the verge of the grave, in fact—who had made an important discovery in practical surgery of inestimable value to woman and society, and one, too, which has since given his name to all the world as a benefactor and man of genius. This man, when I first saw him, stood alone and almost friendless among the hundreds of

his fellow practitioners in medicine and surgery in this city. He could not even get a hearing in one of the allopathic medical schools of this city. And one well-known practitioner actually borrowed Dr. Sims's private case of instruments (the only ones then in existence), invented as a part of his discovery, to perform Dr. Sims's own operation in the city hospital, while being guilty of the gross discourtesy of not inviting Dr. Sims to witness a first attempt to perform his great operation with his own instruments. I saw at once the merit of the discovery, and its bearing upon the interests and welfare of woman and humanity. A meeting was organized and held in the old Stuyvesant Institute, on the evening of May 18, 1854. The newspapers were called into requisition, the rank and file of the profession were appealed to, and more than 300 of them assembled on that rainy night, with but very few of the lucky and wealthy practitioners who make the rules and take the cream of practice in this city. Dr. Sims made his statements, setting forth the necessity of establishing a hospital for the treatment of diseases of women exclusively. Then and there commenced a systematic effort which was shared in by women in the most effective way, and which has finally resulted in a series of buildings known as the New York State Woman's Hospital, the first of which, just completed, stands on the northwest corner of the block donated by the common council, bounded by Lexington and Fourth avenues and Forty-ninth and Fiftieth streets, in this city. Two others will soon be erected on the same block, in accordance with plans suggested to Dr. Sims by Florence Nightingale, Lady Franklin, and others eminent for philanthrophy and humanity.

"In conclusion, I have to remark that, a few days since, I met Dr. Sims in this city, at the house of a mutual friend, who had been deeply interested in Dr. Sims' effort. There we saw the last annual report of the New York State Woman's Hospital, and in it an anniversary address, delivered by an eminent allopathic professor and surgeon, in which he spoke of the progressive character of American surgery, which had been recognized all over Europe —a fact mainly due to the genius and extraordinary skill of Dr. Sims, whose name was not even mentioned, in the address or report, in connection with the institution which he had originated and created. My advice to Eclectics, be they men or women, is to work as a unit and to battle aggressively against the profes-

sional despotism and illiberality, such as I have just indicated, and the right will surely prevail.

"I now give place, and introduce one whose voice and pen are potential in encouraging and sustaining all intelligent and practical efforts for improving the condition of all classes of the people. Ladies and gentlemen, my friend, the Hon. Horace Greeley."

Mr. Greeley's Address.

"I do not appear as the advocate of any particular school of medicine, nor the champion of any special medical system or theory. I look upon the establishment of an Eclectic Medical College in this city as a protest against abuses and as an evidence of reform. It is a palpable expression of a desire for free thought. Resistance to orthodoxy, I think, is doing good in the world. The school that stands up in opposition to the action of two thousand years is an argument of courage and determination based on purpose and conviction. Such a school might meet opposition, persecution, perhaps—certainly intolerance. The men who were stoned to death in their day, and the stones used afterwards to build their monuments, were the men who initiated radical changes, instituted great good. I would ask the new Eclectic school to consider the matter of medical etiquette. I see no reason why I should not call on my neighbors or friends of the allopathic, homœopathic or Eclectic schools to advise for my child when it is sick. Yet the intolerance of existing professional rules is such that I cannot do so without a wrathful refusal. I sincerely hope the new Eclectic school will not countenance any such middle-age folly, but that it will adopt a sensible, kindly and manly rule of tolerance and professional good-fellowship in all such cases, no matter what school of practice may be followed. The spirit of Christian conciliation especially becomes one whose profession is to heal the sick and to prolong life. I think that the practitioners of different schools may consult together with much profit to each other. I hope that the graduates of the Eclectic Medical College of the city of New York will be animated with this kindly and charitable feeling toward all others practising their profession. I see no reason why forty or fifty rich or lucky physicians in New York should take the cream of practice here, and all of the influential positions, and all of the prominence, under arbitrary rules made by themselves, which exclude the great body of their professional co-laborers from all opportunity of competing with them

on equal terms. I see no reason why hundreds of good physicians should not announce themselves in a modest card in the newspapers, in the various specialties of medicine or surgery in which they may believe themselves to excel. This would be a sensible thing to do certainly in any other business, and why not in medicine? Yet the intolerance of the rule-makers of old schools of medicine is such that they would crush or ostracise any of their humble followers were they to do so, notwithstanding they themselves are advertised in the most effective way in connection with their official and public positions. I wish the new school of medicine you represent, gentlemen, abundant success, and trust that you will found and build it up on the sound principles of the most enlightened liberality, and lay broad and deep the foundations of a true medical science and system of practice."

President Newton's Concluding Remarks.

At the conclusion of Mr. Greeley's address, the President of the Faculty, Prof. Newton, stated that the American Eclectic School had adopted a code of ethics which allowed consultations with any intelligent and properly accredited practitioner of any school of medicine, no matter how divergent their views or practice. He also said that the same code specially allowed the privilege of reasonable and proper advertising in the public journals.

The closing prayer and benediction were made in a very solemn and impressive manner by Rev. Charles F. Deems.

Matriculants of the Session, 1866–7.

W. A. Allen, C. S. Allen, New York; W. Archer, C. H. Archer, New Jersey; J. Bricker, Iowa; H. Boskowitz, M. D., New York; S. B. Bailey, M. D., Connecticut; J. Conoway, M. D., Iowa; J. Day, J. E. Donelson, New York; C. W. Dolley, Michigan; L. B. Firth, H. E. Firth, M. D., J. H. Fitch, O. S. Gregory, M. D., H. Hermance, W. R. Hayden, M. B. Hayden, L. A. Jones, A. E. Jacobson, M. D., New York; P. A. Morrow, Kentucky; Wm. R. Merwin, Missouri; E. H. Millington, New York; J. A. Morris, M. D., New Jersey; J. McElheny, Virginia; S. B. Munn, Connecticut; J. B. Mix, New Jersey; S. F. Platt, Maryland; H. H. Pratt, M. E. Rude, New York; A. G. Stalnaker, Michigan; S. Sprague, M. D., C. S. Sprague, Connecticut; D. E. Smith, M. D., B. J. Stow, M. D., C. C. Schell, H. M. Sweet, M. D., G. R. Stoddard, D. Willcocks, M. D., New York; E. V. Wright, New Jersey.

List of Attending and Consulting Physicians and Surgeons of the Eclectic Medical Dispensary of the city of New York.

Days.	Time.	Attending Physician or Surgeon.	Consulting Physician or Surgeon.
Mondays	2 P. M.	E. H. Millington, M.D.	Paul W. Allen, M. D.
Tuesdays	2 P. M.	O. S. Gregory, M.D.	Wm. H. Hadley, M.D.
Wednesdays,	2 P. M.	W. R. Merwin, M. D.	Edwin Freeman, M.D.
Thursdays	2 P. M.	W. R. Hayden, M. D.	Paul W. Allen, M. D.
Fridays	2 P. M.	P. A. Morrow, M. D.	R. S. Newton, M. D.
Saturdays	2 P. M.	E. F. Garvin, M. D.	Edwin Freeman, M.D.

About two thousand persons annually will be treated and supplied with medicine, free of cost.

ARTICLE LVII.

Biographical Sketch of W. Byrd Powell, M. D. By ROBERT S. NEWTON, M. D., of New York City.

This distinguished physiologist and medical philosopher, long a professor of physiology and its allied sciences in the medical schools of the western and southwestern states, was born in Bourbon county, Ky., Jan. 8th, 1799, and died in Cincinnati, Ohio, May 13th, 1866. His father, a native of Orange county, Va., was one of the early pioneers in the settlement of Kentucky, a man of great resolution, energy and vital force, and in his childhood and youth the future philosopher was subjected to the hardships of the pioneer life in Kentucky. In 1800, his father removed to Shelby county, and in 1808 to Kenton county, opposite Cincinnati, where he spent the remainder of his long life. He became wealthy in a few years after removing to Kenton county, and his eldest son, the subject of this sketch, manifesting a taste for study, entered Transylvania University, Lexington, Ky., in due season, and graduated there in 1820. He immediately entered upon the study of medicine, under Prof. Charles Caldwell, one of the most eminent physiologists of the day, and graduated at the Transylvania Medical School in 1823. After practising his profession for two years, he visited Philadelphia, and attended the lectures of the University of Pennsylvania. He had at this time become greatly interested in physiological studies, and especially in the physiology of the brain and the doctrine of the temperaments, with its relations to health and disease, but felt painfully in need of farther light on the subject. The visit of Spurzheim to this country about this time, and his new discoveries of Phrenology, indicated to the young Kentuckian the direction in which he must proceed to attain a full comprehension of his subject. Without adopting all Spurzheim's views, he commenced a careful study of the brain and its functions, with special reference to the different temperaments indicated by the varied forms of the naked cranium, and the indications to be ascertained from it in relation to the vital force and longevity of the subject. These studies were carefully and persistently prosecuted for the next thirty years. In 1835, he was

appointed professor of chemistry in the Medical College of Louisania, which position he held for several years. In 1836 he announced his discovery, that the human temperament could be read from an examination of the cranium alone, without the adjuncts of hair, eyes, flesh, or the remainder of the skeleton. This announcement excited great opposition, and Professor Caldwell, his former preceptor, as well as many other medical philosophers, denied that it could be accomplished, but he demonstrated the fact so conclusively, that his opponents were obliged to acknowledge it. He now set himself to the task of collecting as large a number of crania, representing different tribes, races, nations and temperaments, as possible, with a view of illustrating thoroughly his doctrine. For this purpose he commenced, in 1843, a tour among the different tribes of Indians in the western portion of the continent, studying their habits, manner of life, dispositions, longevity, etc., and procuring the skulls of their chiefs and distinguished warriors. He spent three years among them, and adopting their dress and manners, in order to ingratiate himself with them and secure the purposes of his investigation; he was regarded by many of his friends as insane. In 1846, however, he returned to the states with a very complete collection of crania, which by subsequent efforts he increased, till at his death his museum contained over five hundred skulls, representing, in even greater variety and completeness than the late Dr. S. G. Morton's collection, the crania of most of the nations of the globe.

In 1847, Professor Powell obtained from the Legislature of Tennessee a university charter for an institution called "The Memphis Institute," to be located in Memphis, Tennessee, and in 1849 he assisted in organizing the Law, Medical and Commercial departments of his new university. In this university he occupied the chair of cerebral physiology and medical geology. In 1851 he left Memphis and removed to Covington, Kentucky, and there prosecuted his investigations with increasing industry. In 1856 he was appointed to the chair of cerebral physiology in the Eclectic Medical Institute of Cincinnati, and lectured there for two years. In May, 1866, he was appointed Emeritus Professor of Cerebral Physiology in the Eclectic Medical College of the city of New York, but he died before he had an opportunity to lecture there. In his "Natural History of the Human Temperaments," published in 1856, Professor Powell announced his discovery, made some years before, of a measurement indicating infallibly

the vital force, and also the signs of vital tenacity. These discoveries were not only interesting and easily verified, but they were of great importance in their bearing upon the chances of life and health in individuals. Another discovery, which he had verified by extensive observation, was that of the laws of temperament as affecting marriage and the vitality and sound mental condition of progeny. He announced boldly that there was an incestuous union of similar temperaments, where there was no blood relation, as productive of serious injury to the physical, mental and moral condition of the offspring, as marriage within near or prohibited degrees of consanguinity. Several papers upon this subject have been published in the Eclectic Medical Review and other journals. He was a very frequent and always welcome contributor to numerous scientific and literary periodicals throughout the country. Besides his work on Human Temperaments, to which we have already referred, he was a joint author with Dr. Robert S. Newton, of two volumes, one entitled "The Eclectic Practice of Medicine;" the other, "An Eclectic Treatise on Diseases of Children." Both have had a large circulation. In his will Professor Powell bequeathed his head to his friend and literary executor, Dr. Keckelens, to be preserved with his collection of crania. We regarded him as one of the greatest medical philosophers that America ever produced. An incident that occurred at the time of his death will fully illustrate his devotion to his peculiar and important doctrines. Taking a small photograph in his hand, he held it up and described fully the traits of character and the temperaments there represented, in accordance with his discoveries, and said: "When I am dead and gone the intelligent and scientific portion of the human family will learn and appreciate the importance and the benefit to be derived from the discovery which I have made." He was an honorary member of numerous scientific and literary societies, both in this country and in Europe. In his death the medical profession and the great field of science have sustained an irreparable loss.

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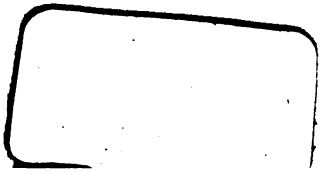

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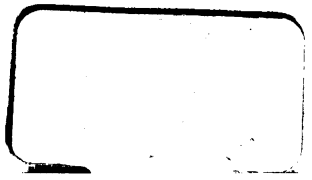

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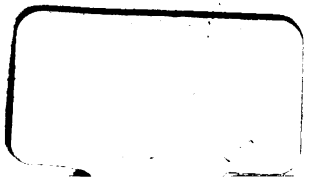
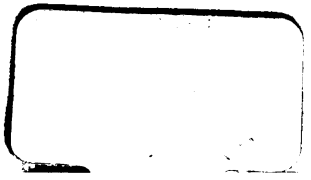
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